


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H59479**  
 1. Entity Name  
 PALMAS, INC.



Principal Place of Business: MEXICAN PAVILION-EPCOT CENTER  
 P.O. BOX 22136  
 LAKE BUENA VISTA, FL 32830

Mailing Address: MEXICAN PAVILION-EPCOT CENTER  
 P.O. BOX 22136  
 LAKE BUENA VISTA, FL 32830

**DO NOT WRITE IN THIS SPACE**



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2615010 Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DEBLER, RICHARD D.  
 MEXICAN PAVILION-EPCOT CENTER  
 LAKE BUENA VISTA, FL 32830

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEBLER, RICHARD D. MEXICAN PAVILION EPCOT LAKE BUENA VISTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VILLEGAS, MANUEL Y. MEXICAN PAVILION EPCOT LAKE BUENA VISTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBLER, PATRICIA MEXICAN PAVILION EPCOT LAKE BUENA VISTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMBA, ALBERTO #50 (C/O DIEGO RIVERA) 01060 MEXICO, D.F.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALVET, CESAR 1367 CAMPBELL STREET ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALVET, OLGA M 1367 CAMPBELL ST ORLANDO, FL

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 01/25/05-80078-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 1/17/05 407-842-1100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #