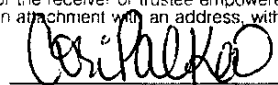


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90027 004 ***150.00

DOCUMENT # P05000161234			
1. Entity Name DOWNTOWN DIVAS OF ORLANDO, INC.			
Principal Place of Business 12082 COLLEGIATE WAY ORLANDO FL 32817		Mailing Address 4040 NEW BROAD #200 OVIEDO FL 32765	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4010 New Broad Cir #102	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Oviedo, FL	
Zip	Country	Zip	Country
		32765	USA
4. FEI Number 20-3885825		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALKA, CORI L. 1020 PARK DR., APT. C INDIAN HARBOUR BEACH FL 32937		7. Name and Address of New Registered Agent Name: Cori L. Palka Street Address (P.O. Box Number is Not Acceptable): 4010 New Broad Cir #102 City: Oviedo FL Zip Code: 32765	
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 _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALKA, CORI L. 4040 NEW BROAD #200 OVIEDO FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 		02/04/08 321-917-4438	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	