


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # H59479 1. Entity Name PALMAS, INC.	
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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
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01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2615010	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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

<p>100000193887 01/25/05-80078-015 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/17/05 407-842-1100 Date Daytime Phone #
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