

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 SEP 13 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09112007 Chg-P CR2E034 (12/06)

DOCUMENT # P00000105710					
1. Entity Name PALM RIVER CAFE, INC.					
Principal Place of Business 7754 PALM RIVER ROAD TAMPA, FL 33619			Mailing Address 7754 PALM RIVER ROAD TAMPA, FL 33619		
2. Principal Place of Business - No P.O. Box # 9208 Sunny Oak Dr		3. Mailing Address 9208 Sunny Oak Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Riverview FL		City & State Riverview FL		4. FEI Number 59-3685360	
Zip 33569		Country Hillborough		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MARTINEZ, IVANIA D 1111 BLUFIELD AVE BRANDON, FL 33511			7. Name and Address of New Registered Agent Name ALBA M. Sanchez Street Address (P.O. Box Number is Not Acceptable) 9208 Sunny Oak Dr City Riverview FL Zip Code 33569		
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 ALBA M. Sanchez DATE 9/11/07 (NOTE: Registered Agent's signature required when reinstating)					
Amended AR is \$61.25 / 70 xy		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD MARTINEZ, IVANIA D 1111 BLUFIELD AVE BRANDON, FL 335118802	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ALBA M. Sanchez 9208 Sunny Oak Dr Riverview FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, IVANIA 1111 BLUEFIELD AVE BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasurer MARTIN SANCHEZ 9208 Sunny Oak Dr Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100109599481 09/18/07--01072--022 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: ALBA M. Sanchez DATE 9/11/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					