


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000049735 1. Entity Name CAFE PALMA, INC.	
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Principal Place of Business 6857 SAINT AUGUSTINE ROAD JACKSONVILLE, FL 32217	Mailing Address POST OFFICE BOX 16952 JACKSONVILLE, FL 32245-6952
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04092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1414519	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 STANKOVIC, MIROSLAV 1742 CINNAMON DRIVE ORANGE PARK, FL 32073
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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 <u>Jadranka Stankovic</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>4-11-05 Jax.</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>

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	PT STANKOVIC, MIROSLAV 1742 CINNAMON DRIVE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS STANKOVIC, JADRANKA 1742 CINNAMON DRIVE ORANGE PARK, FL 32073
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04/18/05-80071-023 150.00

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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 changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Miroslav Stankovic</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>4-11-05</u> DAYTIME PHONE # <u>(904) 338-9675</u>