

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90015 002 ***150.00

DOCUMENT # P02000049735

1. Entity Name
CAFE PALMA, INC.



Principal Place of Business
**6857 SAINT AUGUSTINE ROAD
JACKSONVILLE, FL 32217**

Mailing Address
**POST OFFICE BOX 16952
JACKSONVILLE, FL 32245-6952**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007

Chg-P

CR2E034 (12/06)

4. FEI Number

61-1414519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STANKOVIC, MIROSLAV
1742 CINNAMON DRIVE
ORANGE PARK, FL 32073**

7. Name and Address of New Registered Agent

Name **SUSAN TIVNAN**

Street Address (P.O. Box Number is Not Acceptable)

6857 ST AUGUSTINE RD

City **JACKSONVILLE**

FL

Zip Code **32217**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PT** ☒ Delete
NAME **STANKOVIC, MIROSLAV**
STREET ADDRESS **1742 CINNAMON DRIVE**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE **VPS** ☒ Delete
NAME **STANKOVIC, JADRANKA**
STREET ADDRESS **1742 CINNAMON DRIVE**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Change ☐ Addition
NAME **SUSAN TIVNAN**
STREET ADDRESS **7801 POINT MEADOWS RD # 38**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **VPS** ☐ Change ☐ Addition
NAME **KEMAL HALILOVIC**
STREET ADDRESS **6226 BARNES RD # 38**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Susan Tivnan

201-08-07