

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000019881

1. Entity Name  
PALMA CEIA REALTY, INC.



**FILED  
May 06, 2004 8:00 am  
Secretary of State**

05-06-2004 90189 010 \*\*\*150.00

Principal Place of Business  
1226 E. POWHATAN AVE.  
TAMPA, FL 33604

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Applied For
Not Applicable

04302004 Chg-P CR2E034 (10/03)

4. FEI Number

51-0447177

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KARP, PHILLIP  
1226 E. POWHATAN AVE.  
TAMPA, FL 33604

Name

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

City

FL Zip Code

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

PHILLIP KARP

*[Handwritten signature over the line]*

4-30-2004

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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 KARP, PHILLIP 1226 E. POWHATAN AVE. TAMPA, FL 33604	<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
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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 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:

PHILLIP KARP

*[Handwritten signature over the line]*

4-30-2004 813-716-6778

Date

Daytime Phone #