

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90028 013 \*\*\*150.00

DOCUMENT # P04000034296

1. Entity Name

PALOMA SERVICES, INC.



Principal Place of Business

1753 DESTINY BLVD  
AT 208  
KISSIMMEE FL 34741

Mailing Address

1753 DESTINY BLVD  
AT 208  
KISSIMMEE FL 34741



2. Principal Place of Business

1530 OAK leaf L.N.

3. Mailing Address

1520 OAK leaf L.N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Kissimmee F.L.

City & State

Kissimmee F.L.

4. FEI Number

200778369

Applied For

Not Applicable

Zip

34.744

Country

U.S.A

Zip

34744

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLON, PEDRO A  
1308 COURTNEY CHASE CIRCLE  
APT 1411  
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name GRACIELA E. Cuello

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

1520 OAK leaf L.N.

City Kissimmee

FL

Zip Code 34744

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME IGLESIAS, OSCAR E  
STREET ADDRESS 1753 DESTINY BLVD APT 208  
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE VP ☐ Delete  
NAME CUELLO, GRACIELA E  
STREET ADDRESS 1753 DESTINY BLVD APT 208  
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE M ☐ Delete  
NAME IGLESIAS, MATIAS I  
STREET ADDRESS 1753 DESTINY BLVD APT 208  
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE M ☐ Delete  
NAME IGLESIAS, MANUEL  
STREET ADDRESS 1753 DESTINY BLVD APT 208  
CITY-ST-ZIP KISSIMMEE FL 34741

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 ☐ 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

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 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

Date

Daytime Phone #