


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90576 033 ***150.00

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------------|---|------|---------------------------------|----------------|-----------------|--|----------------|----------------------|--|--|-----------------|-------|--|---|----------------|------|--|-------------|-----------------|--|----------------|-----------------------------|--|-------------|-----------------|--|
| DOCUMENT # P04000072980 1. Entity Name PALMA PRODUCTIONS INC. | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 13470 S.W. 36 STREET MIAMI, FL 33175 | | Mailing Address 13470 S.W. 36 STREET MIAMI, FL 33175 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 5721 N.W. 112 AVE. Suite, Apt. #, etc. APT 108 City & State MIAMI FL Zip 33178 | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 20-1085276 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent PALMA, JAVIER J 13470 S.W. 36 STREET MIAMI, FL 33175 | | 7. Name and Address of New Registered Agent 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: <u><i>Javier Palma</i></u> JAVIER PALMA <u>4/10/05</u> DATE <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</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 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PVST</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PALMA, JAVIER J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13470 S.W. 36 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33175</td> <td></td> </tr> </table> | | TITLE | PVST | <input type="checkbox"/> Delete | NAME | PALMA, JAVIER J | | STREET ADDRESS | 13470 S.W. 36 STREET | | CITY-ST-ZIP | MIAMI, FL 33175 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PVST</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PALMA, JAVIER J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5721 N.W. 112 AVE - APT 108</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33178</td> <td></td> </tr> </table> | | TITLE | PVST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | PALMA, JAVIER J | | STREET ADDRESS | 5721 N.W. 112 AVE - APT 108 | | CITY-ST-ZIP | MIAMI, FL 33178 | |
| TITLE | PVST | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | PALMA, JAVIER J | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 13470 S.W. 36 STREET | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | MIAMI, FL 33175 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | PVST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | PALMA, JAVIER J | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 5721 N.W. 112 AVE - APT 108 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | MIAMI, FL 33178 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | NAME | <input type="checkbox"/> Delete | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | | | CITY-ST-ZIP | | | | | | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | NAME | <input type="checkbox"/> Delete | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | | | CITY-ST-ZIP | | | | | | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | NAME | <input type="checkbox"/> Delete | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | | | CITY-ST-ZIP | | | | | | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | NAME | <input type="checkbox"/> Delete | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | | | CITY-ST-ZIP | | | | | | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: <u><i>Javier Palma</i></u> JAVIER PALMA <u>4/10/05</u> DATE | | (786) 245-6105 DAYTIME PHONE # | | | | | | | | | | | | | | | | | | | | | | | | | |