2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # M81328

1. Entity Name
SAN DIEGO ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1627 BRICKELL AVE SUITE 2207 MIAMI, FL 33129 US	1627 BRICKELL AVE STE 2207 MIAMI, FL 33129 US

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0053448
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMACHTENBERG, LEE C.
1533 SUNSET DR
SUITE 201
MIAMI, FL 33143

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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 _____ 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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000175804
01/10,05-00059-003-150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REEVES, GEORGE L.
STREET ADDRESS	1627 BRICKELL AVE #2207
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	REEVES, ROSA MARIA
STREET ADDRESS	1627 BRICKELL AVE #2207
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	REEVES, MARTA
STREET ADDRESS	1627 BRICKELL AVE #2207
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	REEVES, DIANA V.
STREET ADDRESS	1627 BRICKELL AVE #2207
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

(305) 285-4845

SIGNATURE: ROSA MARIA REEVES Rosa Ma. Reeves January 6, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL VICE PRESIDENT Date Daytime Phone #