2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# M81328

Entity Name: SAN DIEGO ASSOCIATES, INC.

Current Principal Place of Business:

1627 BRICKELL AVE
SUITE 2207
MIAMI, FL 33129 US

New Principal Place of Business:

Current Mailing Address:

1627 BRICKELL AVE
STE 2207
MIAMI, FL 33129 US

New Mailing Address:

FEI Number: 65-0053448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: REEVES, GEORGE L.,
Address: 1627 BRICKELL AVE #2207
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: REEVES, ROSA MARIA,
Address: 1627 BRICKELL AVE #2207
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: REEVES, MARTA,
Address: 1627 BRICKELL AVE #2207
City-St-Zip: MIAMI, FL

Title: T ( ) Delete
Name: REEVES, DIANA V
Address: 11401 SW 72 PLACE
City-St-Zip: PINECREST, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA MARIA REEVES D 01/10/2009

Electronic Signature of Signing Officer or Director — Date