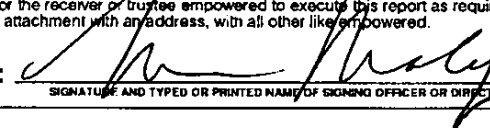


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 13, 2005 8:00 am
Secretary of State

05-09-2005 90290 042 ****61.25

DOCUMENT # N04000001009					
1. Entity Name SANTA MARIA DE LOS ANGELES, INC					
Principal Place of Business 6316 MARCHETT RD. ORLANDO FL 32809			Mailing Address 6316 MARCHETT RD. ORLANDO FL 32809		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0764997	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MIMS, WILLIAM L JR. 6316 MARCHETT RD. ORLANDO FL 32809				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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$81.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN MILTON MALESPIN 1142 ARIES DR ORLANDO, FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARNER WILLIAM RIVAS 10707 GARDEN WOOD RD. ORLANDO, FL 32837	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER ZENESHA SAINI 545 WHECHSTER CIR ORLANDO FL 32824	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER LOURDES MALESPIN 12758 MAJORAMA DR. ORLANDO FL 32837	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARIO MALESPIN SR 12516 GREGG DR ORLANDO FL 32824	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER JOSE MARTINEZ 11718 CRANBOURNE DR. ORLANDO FL 32824	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER NIVIA RAMIREZ 160 SAN BLAS AVE KISSIMEE, FL 34743	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER LUCIA CORDERO 152 CERUIDAE APOPKA, FL 32807	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER LUIS CORDERO 152 CERUIDAE DR. APOPKA, FL 32807	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER NOELIA GUTIERREZ 3017 ABACO DR ORLANDO, FL 32827	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MARIO MALESPIN SR. 284 WHITE MARSH ORLANDO FL 32824	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER SORGE OTALORA 5818 HARTCOURT AVE. ORLANDO, FL 32839	☒ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:  6/6/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					