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	Mailing Address
6316 MARCHETT RD. ORLANDO FL 32809	6316 MARCHETT RD. ORLANDO FL 32809

1st MOORE CR2E037 (10/04)

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 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIMS, WILLIAM L JR. 6316 MARCHETT RD. ORLANDO FL 32809	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
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 HALESPIN 1142 ARIES DR ORLANDO, FL. 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JUNIOR WARDEN WILLIAM RIVAS 10707 CARDEN WOOD RD. ORLANDO, FL. 32837	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER ZENEYDA SAN 545 Wechester CIR ORLANDO FL. 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER LOURDES HALESPIN 12758 MAJORANA DR. ORLANDO FL. 32837	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURE MARIO HALESPIN SR 12516 GRECO 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. KISSIMMEE, FL. 34743	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER LUCIA CORDERO 152 CERVIDAE APOPKA FL. 32807	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER LUIS CORDERO 152 CERVIDAE 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 HALESPIN SR. 284 WHITE MARSH ORLANDO, FL. 32824	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER JORGE 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)(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 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 #