2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State
04-17-2007 90234 041 ****61.25

66015037

DOCUMENT # N04000001009

1. Entity Name
SANTA MARIA DE LOS ANGELES, INC

Principal Place of Business	Mailing Address
6316 MATCHETT RD ORLANDO, FL 32809	6316 MATCHETT RD ORLANDO, FL 32809

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01242007 Chg-NP CR2E037 (12/06)

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	SW MAIESPIN, MILTON 1142 ARIES DR ORLANDO, FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Malespin, Milton 254 Iowa Woods Cir. Orlando, Florida 32824 Tel. 407-240-5724	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JM SANCHEZ, ZENEYDA 545 WECHESTER CIR ORLANDO, FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Zeneyda Sánchez 12308 Holly Jane Ct. Orlando, Fl. 32824 Tel. 407-855-2735 © 321-274-2051 cel.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MALESPIN, MARIO JR 12516 GRECO DR ORLANDO, FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mario E. Malespín Jr. 12758 Majorama Dr. Orlando, Florida 32837 Tel. 407-859-0337	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M RAMIREZ, NIVIA 180 SAN BLAS AVE KISSIMMEE, FL 34743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M CORDERO, LUIS 152 CERVIDAE DR APOPKA, FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M MALESPIN, MARIO SR 284 WHITE MARSH ORLANDO, FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jose M. Malespin April 2, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Enclosed CK #1274 $61.25

ATTACHMENT 1660 15037

Division of Corporations

Annual Report

Annual Report Help

Document Number
N04000001009
Business Entity Name
SANTA MARIA DE LOS ANGELES, INC

FEI Number	200764997
FEI Number Status	(•) Listed Above ( ) Applied For ( ) Not Applicable
Certificate of Status Desired	( ) Yes (•) No $8.75 each
Election Campaign Financing Trust Fund Contribution	( ) Yes (•) No

Principal Place of Business

Address	6316 MATCHETT RD
Suite, Apt. #, etc.	
City, State	ORLANDO, FL
Zip Code & Country	32809

Mailing Address

Address	6316 MATCHETT RD
Suite, Apt. #, etc.	
City, State	ORLANDO, FL
Zip Code & Country	32809

Name and Address of Registered Agent

Name (Last, First, Middle, Title)	MIMS, WILLIAM, L, JR.
- OR -	
Business to serve as RA	
Address (PO Box is not acceptable)	6316 MARCHETT RD.
Suite, Apt. #, etc.	
City, State	ORLANDO, FL
Zip Code & Country	32809 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title: M
Name (Last, First, Middle, Title): MALESPIN, MILTON, , ,
- OR -
Entity Name to serve as Officer/Director:
Street Address: 254 IOWA WOODS CIR.
City, State: ORLANDO, FL
Zip Code & Country: 32824

Title: T
Name (Last, First, Middle, Title): SANCHEZ, ZENEYDA, , ,
- OR -
Entity Name to serve as Officer/Director:
Street Address: 12308 HOLLY JANE CT.
City, State: ORLANDO, FL
Zip Code & Country: 32824

Title: M
Name (Last, First, Middle, Title): MALESPIN, MARIO, , JR
- OR -
Entity Name to serve as Officer/Director:
Street Address: 12758 MAJORAMA DR.
City, State: ORLANDO, FL
Zip Code & Country: 32837

Title: M

ATTACHMENT # 660150370400001009

Name (Last, First, Middle, Title) RAMIREZ, NIVIA

- OR -

Entity Name to serve as Officer/Director

Street Address 160 SAN BLAS AVE

City, State KISSIMMEE, FL

Zip Code & Country 34743

Title SW

Name (Last, First, Middle, Title) CORDERO, LUIS

- OR -

Entity Name to serve as Officer/Director

Street Address 152 CERVIDAE DR

City, State APOPKA, FL

Zip Code & Country 32807

Title M

Name (Last, First, Middle, Title) MALESPIN, MARIO, , SR

- OR -

Entity Name to serve as Officer/Director

Street Address 284 WHITE MARSH

City, State ORLANDO, FL

Zip Code & Country 32824

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title PS

Officer/Director Signature LUZ MARIA MALESPIN/PARISH SECRETAF

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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