


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P01000001222 1. Entity Name SANTA MARIA SHOPPING CENTER, INC.	
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Principal Place of Business 5901 S.W. 74TH STREET SUITE 400 S. MIAMI, FL 33143	Mailing Address 5901 S.W. 74TH STREET SUITE 400 S. MIAMI, FL 33143
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**DO NOT WRITE IN THIS SPACE**

04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1067522	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOLANS, JAMES A ESQ.  
5901 S.W. 74TH STREET  
SUITE 400  
S. MIAMI, FL 33143

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MOLANS, JAMES A ESQ. 5901 S.W. 74TH STREET SUITE 400 S. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, BENITO 5901 S.W. 74TH STREET SUITE 400 S. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, DAVID 5901 S.W. 74TH STREET SUITE 400 S. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000722815  
05/02/07-80047-014 150.00

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 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.

SIGNATURE: JAMES A. MOLANS APRIL 20, 2007 (305)666-0345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #