


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90110 011 ***150.00

DOCUMENT # P01000001222			
1. Entity Name SANTA MARIA SHOPPING CENTER, INC.			
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	
2. Principal Place of Business - No P.O. Box # 9400 S Dadeland Blvd.		3. Mailing Address 9400 S Dadeland Blvd.	
Suite, Apt. #, etc. Suite 601		Suite, Apt. #, etc. Suite 601	
City & State Miami, FL		City & State Miami, FL	
Zip 33156	Country USA	Zip 33156	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOLANS, JAMES A ESQ. 5901 S.W. 74TH STREET SUITE 400 S. MIAMI, FL 33143		Name ROBERT TARABOULOS	
		Street Address (P.O. Box Number is Not Acceptable) 9400 South Dadeland Blvd., Suite 601	
		City Miami	
		FL	
		Zip Code 33156	
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 <i>Robert Taraboulos</i>		ROBERT TARABOULOS	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE 4/10/08			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE AS	AS MOLANS, JAMES A ESQ. <input checked="" type="checkbox"/> Delete	TITLE AS	AS Taraboulos, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLANS, JAMES A ESQ.	NAME	Taraboulos, Robert
STREET ADDRESS	5901 S.W. 74TH STREET SUITE 400	STREET ADDRESS	9400 South Dadeland Blvd., Suite 601
CITY-ST-ZIP	S. MIAMI, FL 33143	CITY-ST-ZIP	Miami, FL 33156
TITLE PD	PD <input type="checkbox"/> Delete	TITLE PD	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, BENITO	NAME	Rodriguez, Benito
STREET ADDRESS	5901 S.W. 74TH STREET SUITE 400	STREET ADDRESS	9400 South Dadeland Blvd., Suite 601
CITY-ST-ZIP	S. MIAMI, FL 33143	CITY-ST-ZIP	Miami, FL 33156
TITLE STD	STD <input type="checkbox"/> Delete	TITLE STD	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, DAVID	NAME	Rodriguez, David
STREET ADDRESS	5901 S.W. 74TH STREET SUITE 400	STREET ADDRESS	9400 South Dadeland Blvd, Suite 601
CITY-ST-ZIP	S. MIAMI, FL 33143	CITY-ST-ZIP	Miami, FL 33156
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Robert Taraboulos</i>		4/20/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

