


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90029 007 \*\*\*158.75

<b>DOCUMENT # F59297</b> 1. Entity Name <b>SAN MARTIN ASSOCIATES, INC.</b>	
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Principal Place of Business <b>5000 S.W. 75TH AVE SUITE 202 MIAMI, FL 33155 US</b>	Mailing Address <b>5000 S.W. 75TH AVE SUITE 202 MIAMI, FL 33155 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01282004 Chg-P	CR2E034 (10/03)
4. FEI Number <b>59-2162328</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SAN MARTIN, LOURDES P.E. 5000 SW 75TH AVE SUITE 202 MIAMI, FL 33155</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p><b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b></p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>PD <b>SAN MARTIN, LOURDES</b> <b>5000 SW 75TH AVE STE 202</b> <b>MIAMI, FL 33155</b></p> <p><input type="checkbox"/> Delete</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>T <del>GAFFNEY, VIRGINIA</del> <del>RT 1 BOX 310 BASS TRAIL</del> <del>CRESCENT CITY, FL</del></p> <p><input checked="" type="checkbox"/> Delete</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>S <b>KOROSI, STEPHEN O</b> <b>5000 SW 75TH AVE STE 202</b> <b>MIAMI, FL 33155</b></p> <p><input type="checkbox"/> Delete</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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 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 empowerment.

**SIGNATURE: Lourdes San Martin, P.E.** *Lourdes San Martin* (305) 666-1397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #