


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90081 049 ***158.75

DOCUMENT # F59297 1. Entity Name SAN MARTIN ASSOCIATES, INC.					
Principal Place of Business 5000 S.W. 75TH AVE SUITE 202 MIAMI, FL 33155 US			Mailing Address 5000 S.W. 75TH AVE SUITE 202 MIAMI, FL 33155 US		
2. Principal Place of Business - No P.O. Box # 2655 LeJeune Road		3. Mailing Address Suite, Apt. #, etc. Suite 322			
City & State Coral Gables, FL		City & State Coral Gables, FL		4. FEI Number 59-2162328	
Zip 33134		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAN MARTIN, LOURDES P.E. 5000 SW 75TH AVE SUITE 202 MIAMI, FL 33155				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: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SAN MARTIN, LOURDES 5000 SW 75TH AVE STE 202 MIAMI, FL 33155 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Loures San Martin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LOURDES SAN MARTIN, PRESIDENT.			Date: <i>2/21/2007</i> Daytime Phone #: <i>305-666-1397</i> <i>43323</i>		