




**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # M42875 1. Entity Name SAN JOAQUIN CORP.			
Principal Place of Business % TOMAS DATORRE 410-16TH STREET MIAMI BEACH, FL 33139		Mailing Address % TOMAS DATORRE 410-16TH STREET MIAMI BEACH, FL 33139	
DO NOT WRITE IN THIS SPACE			
		03142005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2797234	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DATOTTE TOMAS SR. 410-16TH STREET MIAMI BEACH, FL 33139		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 relocating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		<div>000000329781 04/25/05-80134-001 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DATORRE, TOMAS 410-16TH ST MIAMI BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DATORRE, ROBERTO 410 16 ST MIAMI BCH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DATORRE, TOMAS 410 16 ST MIAMI BCH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DATORRE, ROBERTO 410-16TH ST MIAMI BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 empowered.			
SIGNATURE: 		ROBERTO DATORRE 4/19/05 305-5315493	