

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 08:00 AM
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**



03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2797234

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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	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	

U00000680622
04/04/07-80008-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2007
Date

305-5315493
Daytime Phone #