

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # M81328 1. Entity Name SAN DIEGO ASSOCIATES, INC.	
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Principal Place of Business 1627 BRICKELL AVE SUITE 2207 MIAMI, FL 33129 US	Mailing Address 1627 BRICKELL AVE STE 2207 MIAMI, FL 33129 US
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0053448	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

**SCHMACHTENBERG, LEE C.
1533 SUNSET DR
SUITE 201
MIAMI, FL 33143**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 REEVES, GEORGE L. 1627 BRICKELL AVE #2207 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REEVES, ROSA MARIA 1627 BRICKELL AVE #2207 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REEVES, MARTA 1627 BRICKELL AVE #2207 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REEVES, DIANA V 11401 SW 72 PLACE PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN0000577862
01/09/07-800006-012 150.00

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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: Rosa Maria Reeves *Rosa Maria Reeves* Date: January 8, 07 Daytime Phone #: 305-285-4840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR