

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # M81328

1. Entity Name
SAN DIEGO ASSOCIATES, INC.



Principal Place of Business

**1627 BRICKELL AVE
SUITE 2207
MIAMI, FL 33129 US**

Mailing Address

**1627 BRICKELL AVE
STE 2207
MIAMI, FL 33129 US**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0053448

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2008 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

000000784321
01/16/08-80051-011 150.00

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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:

Rosa M. Reeves
ROSAM. REEVES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 7, 2008
Date
(305) 285-4845
Daytime Phone #