2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2004
Secretary of State

DOCUMENT# N01000007306

Entity Name: SPANISH TREASURES OF THE AMERICAS, INC.

Current Principal Place of Business:

24 CATHEDRAL PLACE STE 506
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

PO BOX 4396
ST AUGUSTINE, FL 32084

New Mailing Address:

PO BOX 839
HILLIARD, FL 32046

FEI Number: 31-1815309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANE, KEVIN A
24 CATHEDRAL PLACE STE 506
ST AUGUSTINE, FL 32084

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	ED	( ) Delete
Name:	MINOR, LAURA	
Address:	PO BOX 839	
City-St-Zip:	HILLIARD, FL 32046	
Title:	VP	(X) Delete
Name:	PUCKETT, WILLIAM	
Address:	PO BOX 7005	
City-St-Zip:	ST. AUGUSTINE, FL 32085	
Title:	VP	( ) Delete
Name:	MARTINEZ, PAUL	
Address:	414 SOUTHPOINT DRIVE, SUITE C	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	TD	( ) Delete
Name:	JASON, STEPHANIE	
Address:	PO BOX 4396	
City-St-Zip:	SAINT AUGUSTINE, FL 32084	
Title:	SD	( ) Delete
Name:	KANE, KEVIN	
Address:	24 CATHEDRAL PLACE, SUITE 506	
City-St-Zip:	SAINT AUGUSTINE, FL 32084	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA A. MINOR ED 05/02/2004

Electronic Signature of Signing Officer or Director — Date