

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007306

FILED
Jun 01, 2005
Secretary of State

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 839
HILLIARD, FL 32046

New Mailing Address:

FEI Number: 31-1815309 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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 () Delete
Name: MARTINEZ, PAUL
Address: 414 SOUTHPPOINT 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:

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

06/01/2005

Electronic Signature of Signing Officer or Director

Date