2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
03-23-2005 90040 044 ****61.25

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1. Entity Name
MR. SANTA CLAUS CORPORATION

Principal Place of Business	Mailing Address
2510 WEST 56 STREET NO. 2404 HIALEAH, FL 33016	2510 WEST 56 STREET NO. 2404 HIALEAH, FL 33016

600113620

03072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
6995 NW 186 st	6995 NW 186 st
Suite, Apt. #, etc. E 305	Suite, Apt. #, etc. E 305
City & State Miami, FL	City & State Miami FL
Zip 33015 Country USA	Zip 33015 Country USA

4. FEI Number 20-2685483 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESPINOZA, FERNANDO
2510 WEST 56 STREET NO. 2404
HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 6995 NW 186 St E-305
Hialeah

City Hialeah FL Zip Code 33015

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPINOZA, FERNANDO 2510 WEST 56 STREET NO. 2404 HIALEAH, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Espinoza, Fernando 6995 NW 186 St E 305 Miami FL 33015	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Fernando E. Espinoza Director 3-11-05 305-829-7169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #