



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90063 036 ****61.25

DOCUMENT # N04000001009 1. Entity Name SANTA MARIA DE LOS ANGELES, INC					
Principal Place of Business 6316 MARCHETT RD. ORLANDO, FL 32809				Mailing Address 6316 MARCHETT RD. ORLANDO, FL 32809	
2. Principal Place of Business 6316 MARCHETT Rd. Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State Orlando, FL		City & State		4. FEI Number 20-0764997	
Zip 32809		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIMS, WILLIAM L JR 6316 MARCHETT RD. ORLANDO, FL 32809				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$81.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	SW HALESSPIN, MILTON 1142 ARIES DR ORLANDO, FL 32837	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	JM SAW, ZENSYDM 545 WECHESER CIR ORLANDO, FL 32824	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	T MALESPIN, MARIO JR 12516 GRECO DR ORLANDO, FL 32824	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	M RAMIREZ, NIVIA 160 SAN BLAS AVE KISSIMMEE, FL 34743	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	M CORDERO, LUIS 152 CERVIDAE DR APOPKA, FL 32807	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	M MALESPIN, MARIO SR 284 WHITE MARSH ORLANDO, FL 32824	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	SENIOR WARDEN MALESPIN, MILTON 1142 ARIES DR. ORLANDO, FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	SANCHEZ, ZENEYDA 12308 Holly Jane Ct ORLANDO, FL 32824	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 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: _____ 8-18-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					