

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000001009

1. Entity Name
SANTA MARIA DE LOS ANGELES, INC



Principal Place of Business
**6316 MATCHETT RD
ORLANDO, FL 32809**

Mailing Address
**6316 MATCHETT RD
ORLANDO, FL 32809**



03112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0764997	Applied For Not Applicable
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**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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	SW MAIESPIN, MILTON 254 IOWA WOODS CIR ORLANDO, FL 32824
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	JM SANCHEZ, ZENEYDA 12308 HOLLY JANE CT ORLANDO, FL 32824
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALESPIN, MARIO JR 12758 MAJORAMA DR ORLANDO, FL 32837
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RAMIREZ, NIVIA 160 SAN BLAS AVE KISSIMMEE, FL 34743
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CORDERO, LUIS 152 CERVIDAE DR APOPKA, FL 32807
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MALESPIN, MARIO SR 284 WHITE MARSH ORLANDO, FL 32824
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04/11/08-80064-009 61.25

**DO NOT WRITE
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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-08
Date

Daytime Phone #