


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90356 043 \*\*\*150.00

<b>DOCUMENT # P00000007305</b>	
1. Entity Name <b>SANTAMARIA &amp; SON, INC.</b>	

Principal Place of Business <b>4460 W 14 LANE HIALEAH, FL 33012</b>	Mailing Address <b>4460 W 14 LANE HIALEAH, FL 33012</b>
--	--

**44040108**

2. Principal Place of Business <b>4145 Everglades Blvd N</b>	3. Mailing Address <b>4145 Everglades Blvd N</b>
Sub: Apt. #, etc. <b>N</b>	Sub: Apt. #, etc. <b>N</b>



04212004 Chg-P CR2E034 (10/03)

City & State <b>Naples FL</b>	City & State <b>Naples FL</b>
Zip <b>34120</b>	Zip <b>34120</b>
Country	Country

4. FEI Number <b>65-0974398</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SANTAMARIA, RAUL 4460 W 14 LANE HIALEAH, FL 33012</b>
---

7. Name and Address of New Registered Agent Name <b>Raul Santamaria</b> Street Address (P.O. Box Number is Not Acceptable) <b>4145 Everglades Blvd N</b> City <b>Naples</b> FL Zip Code <b>34120</b>
--

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 <b>R Santamaria</b> DATE <b>04/27/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>
--

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PD SANTAMARIA, RAUL 4460 W 14 LANE HIALEAH, FL 33012</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>P.D. Santamaria Raul 4145 Everglades Blvd N, Naples FL 34120</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: <b>R Santamaria</b> DATE <b>04/27/04</b> DAYTIME PHONE # <b>481-4305</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>



*Attachment*

*44040108*

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 21, 2004

SANTAMARIA & SON, INC.  
4145 everglades blvd  
naples, FL 34120

SUBJECT: SANTAMARIA & SON, INC.  
Ref. Number: P00000007305

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited. Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 804A00026434