2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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

04-29-2004 90356 043 ***150.00

DOCUMENT # P00000007305 SANTAMARIA & SON, INC. 44040108 Principal Place of Business Mailing Address 4460 W 14 LANE 4460 W 14 LANE HIALEAH, FL 33012 HIALEAH, FL 33012 3. Mailing Address '04212004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State 65-0974398 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent SANTAMARIA, RAUL 4460 W 14 LANE HIALEAH, FL 33012 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees - OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE SANTAMARIA: RAUL NAME NAME 4460 W 14 TANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 City-St-7IP ☐ Delete ☐ Change TITLE TITLE OnitiphA ... NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-\$1-ZIP ☐ Gelete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP

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.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

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☐ Delete

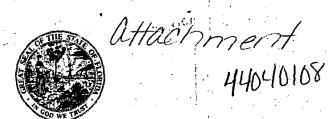
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Letter Number: 804A00026434

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 21, 2004

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