2007 FOR PROFIT CORPORATION AR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 20 PM 1:07

DOCUMENT # P00000007305

1. Entity Name
SANTAMARIA & SON, INC.

2. Principal Place of Business	3. Mailing Address
4145 EVERGLADES BLVD N NAPLES, FL 34120	4145 EVERGLADES BLVD N NAPLES, FL 34120
Principal Place of Business - No P.O. Box #	Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

09182007 REIN-P CR2E088 (1/07)

4. FEI Number 65-0974398 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAN TAMARIA, RAUL 4145 EVERGLADES BLVD N NAPLES, FL 34120	Name SanTamaria Raul Street Address (P.O. Box Number is Not Acceptable) 1507 E 29 ave City Tampa FL Zip Code 33605

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SANTAMARIA, RAUL 4145 EVERGLADES BLVD N NAPLES, FL 34120 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SanTamaria Raul 1507 E 29 ave Tampa FL 33605 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000109715830 09/20/07--01054--003 **150.00 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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: Raul SantaMaria 09/01/07 (305) 481-4305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #