## 2004 FOR PROFIT CORPORATION

## **FILED** Mar 31, 2004 8:00 am Secretary of State ANNUAL REPORT DGCUMENT # P01000035144 1. Entity Name 03-31-2004 90002 020 \*\*\*150 00 SANTA MONICA DEVELOPMENT, CORP. Principal Place of Business Mailino Address 10300 SW 72 ST., \$470-C L3032 SW 141 St. MIAMI, FL 33193 Miami, Fl. 33186 01172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1106399 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALVAREZ, JUAN CARLOS DO NOT WRITE 13032 SW 141 Street IN THIS SPACE Miami, Fl. 33186 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ALVAREZ, JUNA CARLOS NAME STREET ADDRESS 13032 SW 141 Street CITY ST-71P Miami, Fl. 33186 ESTI F NAME STREET ADDRESS CITY ST ZIP TITLE NAME

## DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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 appliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to effect 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:

STREET ADDRESS

STREET ADORESS CITY ST ZIP TITLE

STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

CITY - ST - ZIP TIBLE

QUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #