


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90012 028 \*\*\*550.00

<b>DOCUMENT # P01000048095</b>	
1. Entity Name <b>CARLOS SANTAMARIA VINEYARDS CORP.</b>	

Principal Place of Business <b>10004 NW 46TH ST SUNRISE, FL 33351</b>	Mailing Address <b>10004 NW 46TH ST SUNRISE, FL 33351</b>
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**44051822**



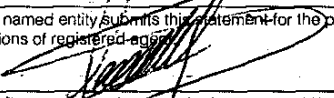
2. Principal Place of Business <b>10004 NW 46TH ST</b>	3. Mailing Address <b>461 IVES DAIRY RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>203 B</b>
City & State <b>SUNRISE FLORIDA</b>	City & State <b>MIAMI FLORIDA</b>
Zip <b>33351</b>	Country <b>USA</b>
Zip <b>33179</b>	Country <b>USA</b>

08122004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1104243</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SANTAMARIA, CARLOS A 10004 NW 46TH ST SUNRISE, FL 33351</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

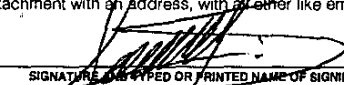
SIGNATURE:  DATE: **09/05/04**

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

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT CARLOS A SANTAMARIA 10004 NW 46TH ST SUNRISE FLORIDA 33351</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 another like empowered.

SIGNATURE:  DATE: **09/05/04** (754) 234-2375

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR