2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 05, 2008
Secretary of State

DOCUMENT# P01000068361

Entity Name: SANTA LUCIA ENTERPRISES, INC.

Current Principal Place of Business:

1323 B CAPE CORAL PKWY EAST
CAPE CORAL, FL 33904

New Principal Place of Business:

1045 ROSE GARDEN ROAD
CAPE CORAL, FL 33914

Current Mailing Address:

1323 B CAPE CORAL PKWY EAST
CAPE CORAL, FL 33904

New Mailing Address:

1221 SW 10TH TERRACE
CAPE CORAL, FL 33991

FEI Number: 65-1149374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILL, THOMAS W
1323 B CAPE CORAL HWY E
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

MANAGEMENT TAX CONSULTING, INC.
1221 SW 10TH TERRACE
CAPE CORAL, FL 33991 US

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.

SIGNATURE: OLIVER HUTTNER 11/05/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MEINS, HARTMUT
Address: 1323 B CAPE CORAL PKWY EAST
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CRHAK, ANNA
Address: 1045 ROSE GARDEN RD
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Change (X) Addition
Name: CRHAK, TIM
Address: 1045 ROSE GARDEN RD
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA CRHAK D 11/05/2008
Electronic Signature of Signing Officer or Director Date