

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000124345

FILED
Feb 16, 2005
Secretary of State

Entity Name: SANTA MONICA SALES & CHARTER, INC.

Current Principal Place of Business:

C/O JOHN W. COONEY
2901 COLLINS AVENUE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

P O BOX 403337
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 81-0583776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAZAR, BRUCE E
2901 COLLINS AVENUE
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOCHE, GUILLERMO P
Address: 2901 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPS () Delete
Name: COONEY, KENNETH J
Address: 2901 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33140

Title: STP () Delete
Name: COONEY, JOHN W
Address: 2901 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPS () Delete
Name: LAZAR, BRUCE
Address: 2901 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN W COONEY

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02/16/2005

Electronic Signature of Signing Officer or Director

_____ Date