
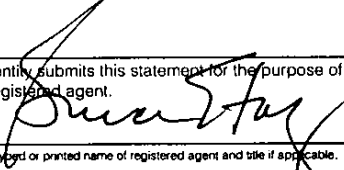
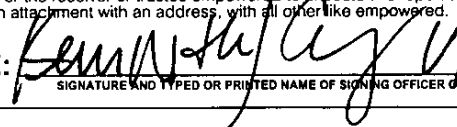


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90075 024 ***150.00

DOCUMENT # P02000124345			
1. Entity Name SANTA MONICA SALES & CHARTER, INC.			
Principal Place of Business C/O JOHN W. COONEY 2901 COLLINS AVENUE MIAMI BEACH, FL 33140		Mailing Address P O BOX 403337 MIAMI BEACH, FL 33140	
2. Principal Place of Business 605 LINCOLN RD Suite, Apt. #, etc. 5th FLOOR City & State MIAMI BEACH FL Zip 33139 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent LAZAR, BRUCE E 2901 COLLINS AVENUE MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 605 LINCOLN RD 5th FLOOR City MIAMI BEACH FL Zip Code 33139	
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:  Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOCHE, GUILLERMO P 2901 COLLINS AVE. MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 605 LINCOLN RD 5th FLOOR MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS COONEY, KENNETH J 2901 COLLINS AVE. MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 605 LINCOLN RD 5th FLOOR MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STP COONEY, JOHN W 2901 COLLINS AVE. MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 605 LINCOLN RD 5th FLOOR MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS LAZAR, BRUCE 2901 COLLINS AVE. MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 605 LINCOLN RD 5th FLOOR MIAMI BEACH FL 33139
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
12. 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/16/6 Daytime Phone # 305 673 1313	