
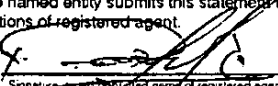
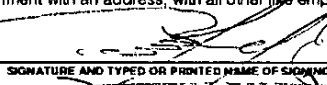


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 25, 2005 8:00 am
Secretary of State

04-07-2005 90025 009 ***150.00

DOCUMENT # P04000126930					
1. Entity Name SAN MARTIN ENTERPRISES CORP.					
Principal Place of Business 22795 S W 66TH AVENUE #14 BOCA RATON FL 33428			Mailing Address 22795 S W 66TH AVENUE #14 BOCA RATON FL 33428		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number ✓ 41-2149987	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAN MARTIN, ROBERTO 22795 S W 66TH AVENUE #14 BOCA RATON FL 33428				7. Name and Address of New Registered Agent Name MYNOR A. QUINTANILLA Street Address (P.O. Box Number is Not Acceptable) 9137 TAFT STREET PEMBROKE PINES, FL City FL Zip Code 33024	
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  MYNOR A. QUINTANILLA (PRESIDENT) 3/15/2005 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTSD	<input checked="" type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAN MARTIN, ROBERTO		NAME	MYNOR A. QUINTANILLA	
STREET ADDRESS	22795 S W 66TH AVENUE #14		STREET ADDRESS	9137 TAFT ST	
CITY-ST-ZIP	BOCA RATON FL 33428		CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE		<input type="checkbox"/> Delete	TITLE	VP/SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	BETH RENEE WOLFE	
STREET ADDRESS			STREET ADDRESS	9137 TAFT ST	
CITY-ST-ZIP			CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 all other like empowered.					
SIGNATURE:  MYNOR A. QUINTANILLA				Date 3/15/2005 754-4324343	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	