
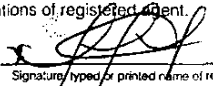
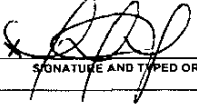


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90055 033 ***150.00

DOCUMENT # P05000005647 1. Entity Name LEOMARYS J. SANTAELLA PA			
Principal Place of Business 10052 CHIANA CIR FORT MYERS, FL 33905		Mailing Address 10052 CHIANA CIR FORT MYERS, FL 33905	
2. Principal Place of Business - No P.O. Box # 12716 IVORY STONE LOOP		3. Mailing Address 12716 IVORY STONE LOOP	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State FORT MYERS FL		City & State FORT MYERS FL	
Zip 33913		Zip 33913	
Country 		Country 	
4. FEI Number 20-2149171		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTAELLA, LEOMARYS J 10052 CHIANA CIR FORT MYERS, FL 33905		7. Name and Address of New Registered Agent Name SANTAELLA LEOMARYS J Street Address (P.O. Box Number is Not Acceptable) 12716 IVORY STONE LOOP City FORT MYERS FL Zip Code 33913	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P SANTAELLA, LEOMARYS J LEOMARYS SANTAELLA FORT MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTAELLA LEOMARYS J 12716 IVORY STONE LOOP FORT MYERS FL 33913 <input checked="" 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 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: 		Date _____ Daytime Phone # _____	