

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P05000072912

1. Entity Name
SAN SIMON, CORP.



Principal Place of Business

**1712 W FLAGLER
MIAMI, FL 33135**

Mailing Address

**1712 W FLAGLER
MIAMI, FL 33135**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4475537

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, DANNY
1712 WEST FLAGLER ST
MIAMI, FL 33135**

**DO NOT WRITE
IN THIS SPACE**

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 typed 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000882907
04/16/08-80060-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SANCHEZ, MIGUEL
STREET ADDRESS	135 SW 22 AVE.
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	DV
NAME	SANCHEZ, FIDEL
STREET ADDRESS	135 SW 22 AVE.
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	SANCHEZ, CARLOS
STREET ADDRESS	135 SW 22 AVE.
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	SANCHEZ, MANUEL
STREET ADDRESS	135 SW 22 AVE.
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	SANCHEZ, SIMON
STREET ADDRESS	135 SW 22 AVE.
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	SANCHEZ, LOLA
STREET ADDRESS	135 SW 22 AVE.
CITY-ST-ZIP	MIAMI, FL 33135

**DO NOT WRITE
IN THIS SPACE**

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

Daytime Phone #

040208