

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072912

Entity Name: SAN SIMON, CORP.

FILED  
Jul 29, 2009  
Secretary of State

## Current Principal Place of Business:

1712 W FLAGLER  
MIAMI, FL 33135

## New Principal Place of Business:

18503 NW PINES BLVD  
308  
PEMBROKE PINES, FL 33029

## Current Mailing Address:

1712 W FLAGLER  
MIAMI, FL 33135

## New Mailing Address:

18503 NW PINES BLVD  
308  
PEMBROKE PINES, FL 33029

FEI Number: 20-4475537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SANCHEZ, MIGUEL  
18503 NW PINES BLVD  
308  
PEMBROKE PINES, FL 33029 US

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: MIGUEL SANCHEZ

07/29/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SANCHEZ, MIGUEL  
Address: 135 SW 22 AVE.  
City-St-Zip: MIAMI, FL 33135

Title: DV ( ) Delete  
Name: SANCHEZ, FIDEL  
Address: 135 SW 22 AVE.  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: SANCHEZ, CARLOS  
Address: 135 SW 22 AVE.  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: SANCHEZ, MANUEL  
Address: 135 SW 22 AVE.  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: SANCHEZ, SIMON  
Address: 135 SW 22 AVE.  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: SANCHEZ, LOLA  
Address: 135 SW 22 AVE.  
City-St-Zip: MIAMI, FL 33135

## 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:

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 exemption stated 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 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: MIGUEL SANCHEZ

DP

07/29/2009

Electronic Signature of Signing Officer or Director

Date