2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 8:00 am Secretary of State DOCUMENT # P05000108735 05-01-2006 90449 002 ***150.00 SANTA MARTA BUILDING, INC. Principal Place of Business Mailing Address 8070 NW 66 STREET 8070 NW 66 STREET 64616009 MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282006 Chg-P CR2E034 (11/05) 4. FEI Number 20 - 366 1332 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOLINA, CESAR E Street Address (P.O. Box Number is Not Acceptable) 8070 NW 66 STREET 358 MIAMI, FL 33166 City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ner TITLE □ Delete TITLE ☐ Change ☐ Addition MOLINA, CESAR E NAME MALIF 8070 NW 66 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP DS TITLE ☐ Delete TITLE Change ☐ Addition NAME LLINAS MOLINA, ELSEMARIE NAME STREET ADDRESS 8070 NW 66 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MALUT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP des pot goality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director cuts this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information indicated on this report or suppley of the corporation or the recei changed, or on an attachm SIGNATURE: RITED HAME OF SIGHING OFFICER OR DIRECTOR Deste Daytime Phone

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