2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90824 005 ***150.00

DOCUMENT # P05000108735

1. Entity Name
SANTA MARTA BUILDING, INC.

Principal Place of Business	Mailing Address
8070 NW 66 STREET MIAMI, FL 33166	8070 NW 66 STREET MIAMI, FL 33166

04242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6700 NW 77 CT	6700 NW 77 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33166 Country:	Zip: 33166 Country:

4. FEI Number 20-3661332 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOLINA, CESAR E
8070 NW 66 STREET
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name: MOLINA, CESAR E.
Street Address (P.O. Box Number is Not Acceptable): 6700 NW 77 CT
City: MIAMI FL Zip Code: 33166

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] CESAR E. MOLINA 4/24/07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	☐ Delete	TITLE	DPT.	☒ Change ☐ Addition
NAME	MOLINA, CESAR E		NAME	MOLINA CESAR E	
STREET ADDRESS	8070 NW 66 STREET		STREET ADDRESS	6700 NW 77 CT	
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	DS	☐ Delete	TITLE	DS	☒ Change ☐ Addition
NAME	LLINAS MOLINA, ELSEMARIE		NAME	LLINAS MOLINA, ELSEMARIE	
STREET ADDRESS	8070 NW 66 STREET		STREET ADDRESS	6700 NW 77 CT.	
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		☐ Delete	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		
TITLE		☐ Delete	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		

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] CESAR E. MOLINA DIRECTOR 4/24/2007 (305) 7150057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #