

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000131343

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: NELSON SANTAMARIA PLASTERING, INC.

## Current Principal Place of Business:

1750 MACKLIN STREET  
PALM BAY, FL 32907

## New Principal Place of Business:

1750 MACKLIN STREET NW  
PALM BAY, FL 32907

## Current Mailing Address:

1750 MACKLIN STREET  
PALM BAY, FL 32907

## New Mailing Address:

1750 MACKLIN STREET NW  
PALM BAY, FL 32907

FEI Number: 20-3860904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMY B. VAN FOSSEN, P.A.  
476 HWY. A1A  
3A  
SATELLITE BEACH, FL 32937 US

## Name and Address of New Registered Agent:

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SANTAMARIA, NELSON  
Address: 1750 MACKLIN STREET  
City-St-Zip: PALM BAY, FL 32907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SANTAMARIA, NELSON  
Address: 1750 MACKLIN STREET NW  
City-St-Zip: PALM BAY, FL 32907

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: NELSON SANTAMARIA

PRES

04/28/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date