

**FILED**  
**Jun 07, 2007 8:00 am**  
**Secretary of State**

5/3


05-03-2007 90052 050 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

00020600

**DOCUMENT # P06000113019**

1. Entity Name  
**SANTOS AND MARIA, INC.**



Principal Place of Business      Mailing Address  
**740 N. WABASH AVE.**      **740 N. WABASH AVE.**  
**LAKELAND, FL 33815 US**      **LAKELAND, FL 33815 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04232007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**61-1509119**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**VASQUEZ, MARIA**  
**2326 COCHRAN ST.**  
**LAKELAND, FL 33815**

7. Name and Address of New Registered Agent  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D,C	<input type="checkbox"/> Delete
NAME	VASQUEZ, MARIA	
STREET ADDRESS	2326 COCHRAN ST.	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	VP,T	<input type="checkbox"/> Delete
NAME	VASQUEZ, MARIA	
STREET ADDRESS	2326 COCHRAN ST.	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	D	<input type="checkbox"/> Delete
NAME	VASQUEZ, SANTOS	
STREET ADDRESS	2326 COCHRAN ST.	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	P,S	<input type="checkbox"/> Delete
NAME	VASQUEZ, SANTOS	
STREET ADDRESS	2326 COCHRAN ST.	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Maria Vasquez      4/30/07 941-526-  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Filing Number

6437