

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # S22461

1. Entity Name
DIANA SANTA MARIA, P.A.



Principal Place of Business
**5220 S UNIVERSITY DR
205C
FT LAUDERDALE, FL 33328**

Mailing Address
**5220 S UNIVERSITY DR
205C
FT LAUDERDALE, FL 33328**



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0237025

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SIDELLA, BRIAN K.
13061 PARKSIDE TERRACE
COOPER CITY, FL 33330**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANTA MARIA, DIANA
STREET ADDRESS	5220 S UNIVERSITY DR/S 205C
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000802630
02/04/08-00008-006 158.75

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08
Date

954-434-1077
Daytime Phone #