

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000085581

**Entity Name:** RAFAEL SANTAMARIA CORTES INC.

**Current Principal Place of Business:**

525 SPRUCE STREET  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

PO BOX 494590  
PORT CHARLOTTE, FL 33949 US

**FEI Number: 27-3705741**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SANTAMARIA CORTES, RAFAEL  
525 SPRUCE ST  
PORT CHARLOTTE, FL 33952 US

*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

**Officer/Director Detail :**

Title P  
Name SANTAMARIA CORTES, RAFAEL  
Address 525 SPRUCE ST  
City-State-Zip: PORT CHARLOTTE FL 33952

Title TREA  
Name SANTAMARIA CORTES, RAFAEL  
Address 525 SPRUCE ST  
City-State-Zip: PORT CHARLOTTE FL 33952

Title SECR  
Name SANTAMARIA CORTES, RAFAEL  
Address 525 SPRUCE STREET  
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRE  
Name SANTAMARIA CORTES, RAFAEL  
Address 525 SPRUCE ST  
City-State-Zip: PORT CHARLOTTE FL 33952

*I hereby 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 all other like empowered.*

**SIGNATURE: RAFAEL SANTAMARIA CORTES**

**PRESIDENT**

**04/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date