

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90164 046 ***150.00

DOCUMENT # P01000074725 1. Entity Name SANTORINI INVESTMENTS, INC.	
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Principal Place of Business 600 GRAPETREE DR., UNIT 7F-N KEY BISCAVNE, FL 33149	Mailing Address 8360 WEST FLAGLER STE 200 MIAMI, FL 33144
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40026145



03042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1145433	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JORGE E. OTERO & ASSOCIATES, P.A. 75 VALENCIA AVE., STE. 400 CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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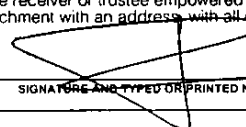
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE LIMA, ERNESTO 600 GRAPETREE DR., UNIT 7F-N KEY BISCAVNE, FL 33149
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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:  **3/1/06** **(305) 554-7229**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #