


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000001298  
 1. Entity Name  
 SANTIAGO PROFESSIONAL OFFICES, INC.



Principal Place of Business C/O NICOLAS FERNANDEZ, P.A. 780 N.W. LE JEUNE ROAD, SUITE 324 MIAMI, FL 33126	Mailing Address C/O NICOLAS FERNANDEZ, P.A. 780 N.W. LE JEUNE ROAD, SUITE 324 MIAMI, FL 33126
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01192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0546896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ESQUIRE CORPORATE SERVICES, INC.  
 780 N.W. LE JEUNE ROAD  
 SUITE 324  
 MIAMI, FL 33126

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FERNANDEZ, NICOLAS 780 NW LE JEUNE ROAD, #324 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT MENENDEZ, JUAN C 780 NW LE JEUNE ROAD, #324 MIAMI, FL 33126
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 01/30/04-80038-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date: 1/27/03  
 Daytime Phone # \_\_\_\_\_