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04 JUN -8 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000107443

1. Entity Name

Johnny Santiago, Inc

DO NOT WRITE IN THIS SPACE

66426633

2. Principal Place of Business		3. Mailing Address	
6209 West Commercial Blvd		Sames as place of business	
Suite, Apt. #, etc. Seven		Suite, Apt. #, etc.	
City & State Fort Lauderdale, FL		City & State	
Zip 33319	Country	Zip	Country

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4. FEI Number 20-0265887 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Johnny Santiago

Street Address (P.O. Box Number is Not Acceptable) Same as place of business

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 ______

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	Johnny Santiago
STREET ADDRESS	6209 W. Commercial Blvd, Suite 7
CITY-ST-ZIP	Fort Lauderdale, Fl 33319
TITLE	D
NAME	Johnny Santiago
STREET ADDRESS	6209 W. Commercial Blvd, Suite 7
CITY-ST-ZIP	Fort Lauderdale, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP (blank, six blocks)

U00000161403
05/24/04--80007--001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Johnny Santiago President 5/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #