


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2006 8:00 am**  
**Secretary of State**

05-24-2006 90008 046 \*\*\*558.75

<b>DOCUMENT # P03000098964</b>	
1. Entity Name <b>SAINT KINGS INVESTMENTS INC</b>	

Principal Place of Business <b>4801 S UNIVERSITY DRIVE 136 DAVIE, FL 33328</b>	Mailing Address <b>4801 S UNIVERSITY DRIVE 136 DAVIE, FL 33328</b>
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**20046365**



2. Principal Place of Business <b>3400 NE, 192nd Street Suite, Apt. #, etc. # 1802</b>	3. Mailing Address <b>445 GRAND BAY DRIVE Suite, Apt. #, etc. # 308</b>
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05202006 Chg-P CR2E034 (11/05)

City & State <b>MIAMI - FL</b>	City & State <b>KEY BISCAYNE</b>
Zip <b>33180</b>	Country <b>USA</b>
Zip <b>33149</b>	Country <b>USA</b>

4. FEI Number <b>20-0253354</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>OLMOS, OLGA 576 WILLOW BEND ROAD WESTON, FL 33327</b>	
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7. Name and Address of New Registered Agent Name <b>ANDREA SANTOS-REIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>445 GRAND BAY DRIVE #308</b> City <b>KEY BISCAYNE</b> FL Zip Code <b>33149</b>	
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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 <b>ANDREA SANTOS-REIS</b> <i>Andree Reis</i> <b>5/20/2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006</b>
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTOS REIS, FERNANDO L 4801 S. UNIVERSITY DRIVE STE 136 DAVIE, FL 33328 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SANTOS-REIS, FERNANDO L. 3400 NE, 192nd Street #1802 MIAMI - FL - 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SANTOS-REIS, ANDREA 445 GRAND BAY DRIVE #308 KEY BISCAYNE - FL - 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <b>FERNANDO L. SANTOS-REIS</b> <i>Fernando L. Santos-Reis</i>	<b>5/20/2006</b> Date	<b># 306 484 9434</b> Daytime Phone #
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