

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M04310

**Entity Name:** SANTA CRUZ INVESTMENTS, INC.**Current Principal Place of Business:**7801 NW 37ST SECTION 1410  
MIAMI, FL 33166**Current Mailing Address:**P.O. BOX 02-5289  
SECTION 1410  
MIAMI, FL 33102 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORALES, HAROLDO  
9835 NW 43RD TERR.  
MIAMI, FL 33178 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           | DPT                       |
| Name            | MORALES ERAZO, HAROLDO    |
| Address         | 7801 NW 37ST SECTION 1410 |
| City-State-Zip: | MIAMI FL 33166            |

|                 |  |
|-----------------|--|
| Title           | DVS                                      |
| Name            | S.CRUZ DE MORALES, MARIA                 |
| Address         | SECTION NO. 1410 P.O. BOX 02-5289<br>N/A |
| City-State-Zip: | MIAMI FL 33102-5289                      |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | AS                               |
| Name            | MORALES, CAROLINA                |
| Address         | P.O. BOX 02-5289<br>SECTION 1410 |
| City-State-Zip: | MIAMI FL 33102                   |

*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:** HAROLDO MORALES ERAZO

DPT

04/13/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date