

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000097728

**Entity Name:** SANTAMARIA INTERNATIONAL, CORP.

**Current Principal Place of Business:**

2333 BRICEKLL AVENUE, PH 210  
MIAMI, FL 33129

**Current Mailing Address:**

2333 BRICEKLL AVENUE, PH 210  
MIAMI, FL 33129

**FEI Number: 81-4677841**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SANTAMARIA, RAUL C  
2333 BRICEKLL AVENUE, PH 210  
MIAMI, FL 33129 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 PD  
Name SANTAMARIA, RAUL C  
Address 2333 BRICEKLL AVENUE, PH 210  
City-State-Zip: MIAMI FL 33129

Title D  
Name OBANDO, SHIRLEY C  
Address 2333 BRICEKLL AVENUE, PH 210  
City-State-Zip: MIAMI FL 33129

Title DS  
Name SANTAMARIA, ARIANNA  
Address 2333 BRICEKLL AVENUE, PH 210  
City-State-Zip: MIAMI FL 33129

Title DIRECTOR  
Name SANTAMARIA, SHIRLEY D  
Address 2333 BRICEKLL AVENUE, PH 210  
City-State-Zip: MIAMI FL 33129

*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: RAUL SANTAMARIA**

**PD**

**03/06/2020**

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

\_\_\_\_\_  
Date