


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

| | |
|------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # 540740 |  |
| 1. Entity Name SANTI BROTHERS CONSTRUCTION, INC. | |

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|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Principal Place of Business % V. JIM SANTI 2410 SE 7TH PLACE HOMESTEAD FL 33033 US | Mailing Address % V. JIM SANTI 2410 SE 7TH PLACE HOMESTEAD FL 33033 US |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|-----------------------------------------------------------------------|-------------------------------------------|

1st MOORE CR2E034 (10/07)

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|--------------|--------------|------------------------------------|-----------------------------------------|--------------------------------------------|
| City & State | City & State | 4. FEI Number 59-1752375 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
|--------------|--------------|------------------------------------|-----------------------------------------|--------------------------------------------|

| | | | | |
|-----|---------|-----|---------|-------------------------------------------------------------------------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|-----|---------|-----|---------|-------------------------------------------------------------------------------------------------|

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| 6. Name and Address of Current Registered Agent SANTI, V. JIM 2410 SE 7TH PLACE HOMESTEAD FL 33033 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering.) DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

| | |
|----------------------------------------------------------------------------------|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SANTI, DOUGLAS 1601 N. PALM AVE S-308 PEMBROKE PINES FL 33026 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SANTI, V. JIM 2410 SE 7TH PLACE HOMESTEAD FL 33033 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SANT, PETER 1601 N. PALM AVE S-308 PEMBROKE PINES FL 33026 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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 01/31/08-80017-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *V. Jim Santi* 1/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing