


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 634170
 1. Entity Name
SANT LOP CORP.



Principal Place of Business Mailing Address
1321 S.W. 36 AVE. **1321 S.W. 36 AVE.**
% LOPEZ EUGENIO GARCIA **% LOPEZ EUGENIO GARCIA**
MIAMI, FL 33145 **MIAMI, FL 33145**

DO NOT WRITE IN THIS SPACE



02172006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2031950 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LOPEZ, TERESA
1321 SW 36 AVE
MIAMI, FL 33145

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

107000455483
 03/15/06-80054-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARCIA, EUGENIO LOPEZ
STREET ADDRESS	1321 SW 36 AVE
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	SANTANDREU, EMILIO
STREET ADDRESS	1321 SW 36 AVE
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	SANTANDREU, ANA LOPEZ DE
STREET ADDRESS	1321 SW 36 AVE
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	S
NAME	LOPEZ, TERESA
STREET ADDRESS	1321 SW 36 AVE
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Eugenio Lopez **Eugenio Lopez** 2/17/06 (805) 448-6758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #