2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K79963

1. Entity Name
SANFIVE, INC.

Principal Place of Business	Mailing Address
555 NE 30TH ST APT 1003 MIAMI, FL 33137 US	P O BOX 2059 YABUCOA, PR 00767 US

DO NOT WRITE IN THIS SPACE

02162005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0178544	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SANTERINI, GIORGIO
555 NE 30TH ST
APT 1003
MIAMI, FL 33137

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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 reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2005 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	PDS
NAME	SANTERINI, GIORGIO
STREET ADDRESS	555 NE 30TH ST APT 1003
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	GIOVANNI, SANTERINI
STREET ADDRESS	555 NE 30TH ST APT 1003
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	SANTERINI, PATRICIA
STREET ADDRESS	555 NE 30ST #1003
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

02/25/05-80022-001 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ GioRGio SANTERiHi   Feb/16/05   (787) 893-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #