


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # K79963	
1. Entity Name SANFIVE, INC.	

Principal Place of Business 555 NE 30TH ST APT 1003 MIAMI, FL 33137 US	Mailing Address P O BOX 2059 YABUCCA, PR 00767 US
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03152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0178544	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SANTERINI, GIORGIO 555 NE 30TH ST APT 1003 MIAMI, FL 33137
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**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

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

1100000472654
03/30/06-80002-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 15 / 06 **(787) 893-4660**
Date Daytime Phone #