

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 19, 2007 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
VABUCOA, PR 00767 US**



03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

**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 restating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	

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03/27/07-80080-019 150.00

**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:

Giorgio Santerini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Giorgio SANTERINI, Pres. 03/06/07