


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # M04310 1. Entity Name SANTA CRUZ INVESTMENTS, INC.	
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Principal Place of Business SECTION NO. 1410 P.O. BOX 02-5289 MIAMI, FL 33102-5289 US	Mailing Address SECTION NO. 1410 P.O. BOX 02-5289 MIAMI, FL 33102-5289 US
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DO NOT WRITE IN THIS SPACE



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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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 MARALEZ, HAROLDO 9835 NW 43RD TERR. MIAMI, FL 33178

**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 \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000768640 07/13/07-800005-019 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MORALES ERAZO, HAROLDO SECTION NO. 1410 P.O. BOX 02-5289 N/A MIAMI, FL 331025286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS S. CRUZ DE MORALES, MARIA SECTION NO. 1410 P.O. BOX 20-5289 N/A MIAMI, FL 331025286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SAEZ, PEDRO P. 5200 BLUE LAGOON DRIVE, SUITE 700 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **July 9, 2007** (305) 994-356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #