

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # M04310

1. Entity Name
SANTA CRUZ INVESTMENTS, INC.



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



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORALES, 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 \$150.00
After May 1, 2008 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
DPT
MORALES ERAZO, HAROLDO
SECTION NO. 1410 P.O. BOX 02-5289 N/A
MIAMI, FL 331025288

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 331025288

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

000000793559
01/25/08-80012-010 150.00

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

16/Jan/08 *305-994-3565*