

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # M37442

1. Entity Name
SANTANA INVESTMENT CORP.



Principal Place of Business
**2435 BISCAYNE BLVD.
MIAMI, FL 33137**

Mailing Address
**2435 BISCAYNE BLVD.
MIAMI, FL 33137**



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2711566

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

**SANTANA, TOMAS
1840 N.E. 159 STREET
NORTH MIAMI BEACH, FL 33162**

**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**

U00000843237
05/29/08-80051-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANTANA, TOMAS
STREET ADDRESS	1840 N.E. 159TH STREET
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	VD
NAME	SANTANA, TOMAS JR.
STREET ADDRESS	1840 N. E. 159TH STREET
CITY-ST-ZIP	MIAMI, FL 33162
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:

Tomas Santana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-08

Date

305-576-6309

Daytime Phone #