

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000034962

Entity Name: J. SANTIAGO SERVICES, INC.

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

16069 90TH ST N.  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

16069 90TH ST N.  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 65-1096985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SANTIAGO, JAVIER  
16069 90TH STREET N.  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SANTIAGO, JAVIER  
Address: 16069 90TH ST NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S  
Name: CUMMINS, PAUL G  
Address: 16069 90TH ST NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VD  
Name: SANTIAGO, PATRICIA A  
Address: 16069 90TH ST NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAVIER SANTIAGO

D

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date