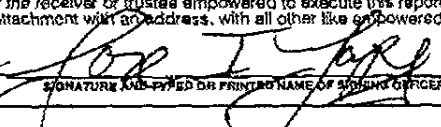


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000082790		
1. Entity Name SANTA INVESTMENT CORP.		
Principal Place of Business 520 NW 114 AVE. 102 MIAMI, FL 33172		Mailing Address 520 NW 114 AVE. 102 MIAMI, FL 33172
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LOPEZ, JOSE I 520 NW 114 AVE. 102 MIAMI, FL 33172		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's signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$250.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	LOPEZ, JOSE I	
STREET ADDRESS	520 NW 114 AVE.	
CITY- ST- ZIP	MIAMI, FL 33172	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(f), 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 as changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



01252004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1134069	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fees Required	

000000020471
01/29/04-80088-024 150.00**DO NOT WRITE
IN THIS SPACE**