

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90418 034 ***150.00

DOCUMENT # P01000099619

1. Entity Name
SANTOS COY REAL ESTATE CORPORATION



Principal Place of Business Mailing Address
902 MARINA DRIVE **902 MARINA DRIVE**
WESTON, FL 33327 **WESTON, FL 33327**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04292004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-1144686 Not Applicable

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

6. Name and Address of Current Registered Agent

CASTILLO B., ALVARO ESQ
CASTILLO & ASSOCIATES
1390 BRICKELL AVENUE SUITE 200
MIAMI, FL 33131

7. Name and Address of New Registered Agent

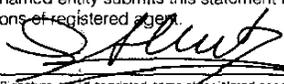
Name **Alberto Leombruno**

Street Address (P.O. Box Number is Not Acceptable)
2700 Glade Circle

Suite 112

City **Weston** FL Zip Code **33327**

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:  DATE: **4-29-04**

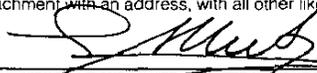
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZABALA, ENRIQUE 902 MARINA DRIVE WESTON, FL 33327 <input checked="" type="checkbox"/> Delete	TITLE D/P NAME STREET ADDRESS CITY-ST-ZIP	Juana Santos Coy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2700 Glade Circle, Suite 112 Weston, Florida 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Alberto Leombruno <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2700 Glade Circle, Suite 112 Weston, Florida 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Alberto Leombruno** DATE: **4-29-04** DAYTIME PHONE #: **(305) 371-5540**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #