
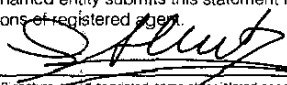
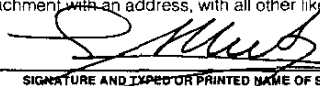


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 902 MARINA DRIVE WESTON, FL 33327			Mailing Address 902 MARINA DRIVE 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	4. FEI Number 65-1144686	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CASTILLO B., ALVARO ESQ CASTILLO & ASSOCIATES 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131				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  <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE 4-29-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input checked="" type="checkbox"/> Delete 902 MARINA DRIVE WESTON, FL 33327		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	
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	
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	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Alberto Leombruno Secretary		
			Date 4-29-04 Daytime Phone # (305) 371-5540		