


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90055 035 ***150.00

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| DOCUMENT # P01000099619 |  |
| 1. Entity Name SANTOS COY REAL ESTATE CORPORATION | |

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| Principal Place of Business 902 MARINA DRIVE WESTON, FL 33327 | Mailing Address 902 MARINA DRIVE WESTON, FL 33327 |
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| 2. Principal Place of Business 902 Marina Dr Suite, Apt. #, etc. | 3. Mailing Address 902 Marina Dr Suite, Apt. #, etc. |
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| City & State Weston, FL | City & State Weston, FL |
| Zip 33327 | Country USA |



01062005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-1144686 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LEAMBRUNO, ALBERTO 2700 GLADE CIR STE 112 WESTON, FL 33327 | 7. Name and Address of New Registered Agent Name Zabala, Enrique Street Address (P.O. Box Number is Not Acceptable) 902 Marina Dr City Weston FL Zip Code 33327 |
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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  **ALBERTO LEOMBRUNO** 01/06/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SANTOS COY, JUANA 2700 GLADE CIR STE 112 WESTON, FL 33327 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Enrique Zabala 902 Marina Dr Weston, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LEOMBRUNO, ALBERTO 2700 GLADE CIR STE 112 WESTON, FL 33327 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  **Juana Santos Coy** 01/06/2005 954-217-9447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #