

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000107787

1. Entity Name  
SANTORINI RESIDENTIAL DEVELOPERS, INC.



Principal Place of Business  
8906 NW 194 TERRACE  
MIAMI, FL 33018

Mailing Address  
8906 NW 194 TERRACE  
MIAMI, FL 33018

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1038209

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ARMADA, JOSE SR  
8906 NW 194 TERRACE  
MIAMI, FL 33018

**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 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**

TITLE P  
NAME ARMADA, JOSE SR  
STREET ADDRESS 8906 NW 194 TERRACE  
CITY-ST-ZIP MIAMI, FL 33018

TITLE D  
NAME ARMADA, CARIDAD  
STREET ADDRESS 8906 NW 194 TERRACE  
CITY-ST-ZIP MIAMI, FL 33018

TITLE V  
NAME ARMADA, JOSE JR  
STREET ADDRESS 8906 NW 194 TERRACE  
CITY-ST-ZIP MIAMI, FL 33018

TITLE STD  
NAME ALVAREZ, ANNETTE  
STREET ADDRESS 8906 NW 194 TERRACE  
CITY-ST-ZIP MIAMI, FL 33018

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000103024  
04/05/04-80038-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-2-04 305-829-5834*