

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90203 044 ***150.00

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																																																																																																																										
2. Principal Place of Business		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country																																																																																																																										
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																																										
ARMADA, JOSE SR 8906 NW 194 TERRACE MIAMI, FL 33018			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																										
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. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>																																																																																																																													
Date: <u>4/8/06</u>				Daytime Phone #: <u>x3058295834</u>																																																																																																																									