


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90826 029 ***150.00

DOCUMENT # 201000119761	
1. Entity Name Santana Brothers, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10075 Gate Rkwy N. Suite, Apt. #, etc. 1108 City & State Jacksonville - FL Zip 32246 Country USA		3. Mailing Address 10075 Gate Rkwy N. Suite, Apt. #, etc. 1108 City & State Jacksonville - FL Zip 32246 Country USA	
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4. FEI Number 68-0488335		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Tax House Corporation	
	Street Address (P.O. Box Number is Not Acceptable) 533 E. Sample Road	
	City Bouqueno Beach - FL Zip Code 32064	

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 P. A. M... Signature, typed or printed name of registered agent and title if applicable.	DATE 04/29/03 (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marco A. Santana 10075 Gate Rkwy, #1108 Jacksonville - FL - 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>W... de Souza</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 04/29/03 DAYTIME PHONE #: (904) 83-3698

CR2E034B (12/02)