

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000029703

**FILED**  
**Mar 12, 2011**  
**Secretary of State**

**Entity Name:** SANTA PROPERTIES CORP.

**Current Principal Place of Business:**

3153 W HALLENDALE BEACH BLVD  
171  
PEMBROKE PARK, FL 33009

**New Principal Place of Business:**

3153 W HALLENDALE BEACH BLVD  
PEMBROKE PARK, FL 33009

**Current Mailing Address:**

5364 EHRLICH ROAD  
171  
TAMPA, FL 33624

**New Mailing Address:**

**FEI Number:** 03-0416875      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DIBBS, SHAWNEKA  
5364 EHRLICH ROAD  
171  
TAMPA, FL 33624 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: DIBBS, SHANE D  
Address: 5364 EHRLICH ROAD  
City-St-Zip: TAMPA, FL 33624

Title: V  
Name: DIBBS, STEVEN  
Address: 5364 EHRLICH ROAD  
City-St-Zip: TAMPA, FL 33624

Title: S  
Name: DIBBS, SHAWNEKA  
Address: 5364 EHRLICH ROAD  
City-St-Zip: TAMPA, FL 33624

Title: T  
Name: DIBBS, VICTORIA S  
Address: 5364 EHRLICH ROAD  
City-St-Zip: TAMPA, FL 33624

Title: D  
Name: DIBBS, PAULETTE  
Address: 5364 EHRLICH ROAD  
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHAWNEKA DIBBS

S

03/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date