

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000047743

Entity Name: SANTIAGO GRAPHICS, INC.

FILED  
Jan 21, 2005  
Secretary of State

**Current Principal Place of Business:**

208 FLORIDA PKWY  
KISSIMMEE, FL 34743

**New Principal Place of Business:**

**Current Mailing Address:**

208 FLORIDA PKWY  
KISSIMMEE, FL 34743

**New Mailing Address:**

FEI Number: 01-0679703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANTIAGO, JUAN  
208 FLORIDA PKWY  
KISSIMMEE, FL 34743 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SANTIAGO, JUAN  
Address: 208 FLORIDA PKWY  
City-St-Zip: KISSIMMEE, FL 34743

Title: STD ( ) Delete  
Name: SANTIAGO, CARMEN  
Address: 208 FLORIDA PKWY  
City-St-Zip: KISSIMMEE, FL 34743

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JUAN SANTIAGO

PD

01/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date