

Apr.29. 2005 2:26PM

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000099784 1. Entity Name SANTO JOSE SINGER, INC.	
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Principal Place of Business
314 MIRACLE MILE
CORAL GABLES, FL 33134Mailing Address
314 MIRACLE MILE
CORAL GABLES, FL 33134

04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3081068	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered AgentSINGER, STEVEN
314 MIRACLE MILE
CORAL GABLES, FL 33134**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

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05/04/05-80075-005 150.00**FILE NOW!!! FEE IS \$150.00**
After May 1, 2005 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SINGER, CELILIA
STREET ADDRESS	314 MIRACLE MILE
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	D
NAME	SINGER, STEVEN
STREET ADDRESS	314 MIRACLE MILE
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2005 3053434417
Date Daytime Phone #