## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 25, 2008 8:00 am Secretary of State **DOCUMENT # P02000109554** 01-25-2008 90026 014 \*\*\*150.00 **GUSTAVO SANTANDER SONGS INC.** Principal Place of Business Mailing Address 400 -910 N SHORE DR 910 N SHORE DR MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 218 SE 14-Suite, Apt. #, etc. APT 11-03 218 E 14 ST.# Suite, Apt. #, etc. 01212008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For KL 33131 miami migni 52-2382276 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANTANDER, GUSTAVO Street Address (P.O. Box Number is Not Acceptable) 910 N SHORE DR MIAMI BEACH, FL 33141 Zip Code 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition SA-+4-18-, Gustavo 218 SE 14 ST # 11-03 SANTANDER, GUSTAVO NAME STREET ADDRESS 910 N SHORE DR STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP miam; F( 33131 TITLE ☐ Delete TITLE ∠Change Addition 12000 6/9041 218 50 145 #11-03 NAME LLANO, GLADYS NAME STREET ADDRESS 910 N SHORE DR STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL. 33141 CITY-ST-ZIP missi FC 33131 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fitting 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 acculate 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 of 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.

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