2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000129950

1. Entity Name

SANTANA ENGINEERING ENTERPRISES, CORP.



FILED Jan 28, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

7698 WEST 34 LANE SUITE 102 7698 WEST 34 LANE SUITE 102

HIALEAH, FL 33018

HIALEAH, FL 33018



DO NOT WRITE IN THIS SPACE

01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3666619 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTANA, CARLOS A 7698 WEST 34 LANE SUITE 102 HIALEAH, FL 33018

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HIALEAH, FL 33018			·			
	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	d office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campalgn Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTANA, CARLOS A 7698 WEST 34 LANE #102 HIALEAH, FL 33018	•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		U00000800166 01/31/08-80006-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-7IP				IN	THIS SPACE	

12. I hereby certify that the information supplied with this filing 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 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:

ITTLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SYMATURE AND COPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-08 305-698665<u>:</u>

Daytime Phone #