2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State
02-02-2005 90067 021 ***150.00

DOCUMENT # P03000027998

1. Entity Name
SANTANA SALES & MARKETING GROUP, INC.

Principal Place of Business	Mailing Address
12865 WEST DIXIE HIGHWAY SECOND FLOOR NORTH MIAMI, FL 33161	12865 WEST DIXIE HIGHWAY SECOND FLOOR NORTH MIAMI, FL 33161

01102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12567 NE 7th Avenue	12567 NE 7th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Miami, FL	City & State: North Miami, FL
Zip: 33161 Country: MIAMI-DADE	Zip: 33161 Country: MIAMI-DADE

4. FEI Number 36-4542220 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EJENBAUM, M.J.
12865 WEST DIXIE HIGHWAY
SECOND FLOOR
NORTH MIAMI, FL 33161

7. Name and Address of New Registered Agent

Name: M.J. EJENBAUM
Street Address (P.O. Box Number is Not Acceptable): 12567 NE 7th Avenue
City: North Miami FL Zip Code 33161

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SANTANA, HUMBERTO JR		NAME		
STREET ADDRESS	3943 PLANTATION DR.		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA, GA 30062		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		
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 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: Humberto Santana, President 1/27/05 (770)992-3806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #