## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 17, 2006 08:00 AM Secretary of State DOCUMENT # P03000027998 SANTANA SALES & MARKETING GROUP, INC. Principal Place of Business Mailing Address 12567 NORTHEAST 7TH AVENUE 12567 NORTHEAST 7TH AVENUE NORTH MIAMI, FL 33161 NORTH MIAMI, FL 33161 03152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-4542220 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent EJENBAUM, M.J. DO NOT WRITE 12567 NORTHEAST 7TH AVENUE NORTH MIAMI, FL 33161 IN THIS SPACE 6. 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 recistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be U000000471891 FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. 03/29/06-80014-015 150.00 After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SANTANA, HUMBERTO JR 3943 PLANTATION DR. STREET ADDRESS CITY-ST-ZIP MARIETTA, GA 30062 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 addition, with all other like empowered.

CICNATUDE.

SIGNATURE AND

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

HUMBER TO SANTANA
FED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06

771-992-3806

Daytime Phone #

**FILED**