

FILED
Apr 21, 2005 8:00 am
Secretary of State

03-23-2005 90023 033 ***158.75


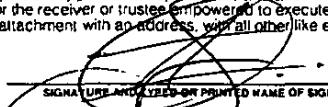
2005 FOR PROFIT CORPORATION ANNUAL REPORT

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03092005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000029028			
1. Entity Name SANTANA AUTO SALES AND FINANCIAL, CORP.			
Principal Place of Business 13480 B SW 248 ST MIAMI, FL 33032		Mailing Address PO BOX 571065 MIAMI, FL 33257	
2. Principal Place of Business 26402 S. Dixie Hwy Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33032	Country Dade	Zip	Country
4. FEI Number 04-3745549		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SANTANA, ALBA S 13480 B SW 248 ST MIAMI, FL 33032		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>SIGNATURE: Name or printed name of registered agent and U.S.A. if applicable. (NOTE: Registered Agent signature required when filing.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SANTANA, ALBA S 13480 B SW 248 ST MIAMI, FL 33032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: 04/14/2005 (305) 218-8081	
Alba Santana - Manax/Owner -		Daytime Phone: _____	