## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empower

## Apr 28, 2004 8:00 am Secretary of State DOCUMENT # P03000071697 1. Entity Name 04-28-2004 90281 010 \*\*\*150.00 SANTIAGO & MANTILLA BLOCK, CORP. Principal Place of Business Mailing Address 613 NW 10TH STREET MIAMI FL 33136 613 NW 10TH STREET **MIAMI FL 33136** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number Not Applicable Zip Zip Country 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 Name SANTIAGO, JESUS M Street Address (P.O. Box Number is Not Acceptable) 613 NW 10TH STREET **MIAMI FL 33136** 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Change ☐ Delete TITLE ☐.Addition SANTIAGO, JESUS M NAME NAME 613 NW 10TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33136 CITY-ST-7IP CITY-ST-78P VP UMANZOR, AQUILES A. 613 NW 10th Street TITLE Delete TITLE Change X Addition MANTILLA, MARIA E NAME NAME 613 NW 10TH STREET STREET ADDRESS STREET ADDRESS Miami, FL 33136 **MIAMI FL 33136** 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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

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