2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000071697 Mar 21, 2007 08:00 AM **Secretary of State** SANTIAGO & MANTILLA BLOCK, CORP. Principal Place of Business Mailing Address 613 NW 10 ST MIAMI FL 33136 613 NW 10 ST MIAMI FL 33136 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & State Applied For 20-0077097 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SANTIAGO, JESUS M Street Address (P.O. Box Number is Not Acceptable) 613 NW 10TH ST **MIAMI FL 33136** City 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 or registered agent and title if applicable. (NOTE: Registered Agont signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD HILE ☐ Delete HILE ☐ Change Addition SANTIAGO, JESUS M NAME NAME 613 NW 10TH STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33136** CHY-ST-ZIP CHY-SI-7IP THLE Delele ☐ Change ■ Addition MANTILLA, MARIA E NAME NAME 613 NW 10TH ST STREET ADDRESS STREET ADDDESS MIAMI FL 33136 CITY-SI-ZIP CDY-SI-702 U00000674491 ☐ Defete TITLE, 03/29/07-80073-**@09**4mgk50**@09**dition HILE NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-SI-7IP TITLE Delete Change ☐ Addition NAMI NAMi STREET ADDRESS STREET ADDRESS CITY-S1-7/P CITY-ST-ZIP HHE ☐ Delete THE □ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY - ST-ZIP City - St - 7(P HILE Delete HHE Change AddItion NAME* STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP

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12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 each; 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:

SIGNATUR