


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

08-05-2004 90003 015 ***150.00
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| | | | | | |
|---|--------------------|---------------------------------|---|---|--|
| DOCUMENT # P03000081447 | | | |  | |
| 1. Entity Name SANTOS FINE ART GALLERY INC. | | | | | |
| Principal Place of Business 1516 SW 8TH ST MIAMI FL 33135 | | | Mailing Address 1516 SW 8TH ST MIAMI FL 33135 | | |
| 2. Principal Place of Business SAME | | | 3. Mailing Address SAME | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-0160182 | |
| | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent MELENDEZ, SANTOS E 102 NE 86TH ST EL PORTAL FL 33138 | | | 7. Name and Address of New Registered Agent Name MELENDEZ, SANTOS E. Street Address (P.O. Box Number is Not Acceptable) 2999 POINT EAST DRIVE APT. C 212 AVENTURA FL 33160 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State | | | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> | | |
| 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 | D | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MELENDEZ, SANTOS E | | NAME | MELENDEZ, SANTOS E. | |
| STREET ADDRESS | 102 NE 86TH ST | | STREET ADDRESS | 2999 POINT EAST DR. APT. C 212 | |
| CITY-ST-ZIP | EL PORTAL FL 33138 | | CITY-ST-ZIP | AVENTURA, FL 33160 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ | | | 08/03/04 305-649-9660 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

04 AUG 27 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54066936



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Astencio & Associates, LLC
85 Grand Canal Drive, Suite 306
Miami, Florida 33144
Phone: (305) 804-2308
Fax: (305) 266-5077

August 24, 2004

Florida Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, Florida 32314

Attn: Annual Reports Section

Re: Santos Fine Art Gallery, Inc.
P03000081447

Via Certified Mail – Return Receipt No: 7001 2510 0008 8089 0177

Dear Sir or Madam:

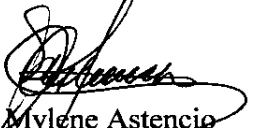
The purpose of this letter is to respond to your inquiry about the \$ 400.00 late fee for the annual report.

Please note that since corporation was filed July 21st, 2003 my client wasn't advised by previous accountant about the necessity of filing Annual Report and didn't receive the post card in the mail.

We respectfully request the waiver of this late fee.

We thank you in advance for your cooperation in this matter.

Very truly yours,


Mylene Astencio
Astencio & Associates, LLC