FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90540 041 ***150.00

2005 FOR PROFIT CORPORATION

ANNUA								
DOCUMENT # P03000113382				A				
SANTA FE ENTERPRISES, INC.				"				
Principal Place of Business Mailing Address								
2668 ROBERT TRENT JONES DR 2668 ROBERT TRENT JONES D			R					_
422 422 ODLANDO EL 22025 5200 ODLANDO EL 22025 5200							29119	378
ORLANDO, FL 32835-6289 ORLANDO, FL 32835-62		6289						
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.			04292005	Chg-P	CR2E0	34 (10/03)	
City & State City & State				4. FEI Numb 20-030			<u> </u>	plied For Applicable
Zip . Country	Zip	Zip Country		5. Certificate	of Status Desired		\$8.75 Addi Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
DISCUMSED LOSE A			Name					
DISCHINGER, JOSE A 2668 ROBERT TRENT JONES DR ODI ANDO EL 22225 6229			Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO, FL 32835-6289								
				FL Zip Code				
The above named entity submits this statement for the purpose of changing its registered office or register					oth, in the State of Flo	orida. I am f	familiar with,	and accept
the obligations of registered agent.								
SIGNATURE AV								
Signature, typed or printed name of registered-eg	ent and title if applicable. (NOT	E: Registere	d Agent signature requir	red when reinstating)	·	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10. OFFICERS AT	ND DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE PD	☐ Delete	TITLE		··································			Change	Addition
NAME DISCHINGER, JOSE A NAM			E					
			ET ADDRESS -ST-ZIP					
	ORLANDO, FL 328330289						☐ Change	☐ Addition
TITLE :	NAN Delete						Cligarite	L Addition
STREET ADDRESS	STF		ET ADDRESS					
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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.								
A	•							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destro Prone #								