2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/28/2004-90022-046-$150.00-$150.00

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04 OCT -6 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07152004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000131733

1. Entity Name
BBB SANTANA, INC.

Principal Place of Business	Mailing Address
4041 W 9TH CT HIALEAH, FL 33012	4041 W 9TH CT HIALEAH, FL 33012

Reinaldo Santana

2. Principal Place of Business	3. Mailing Address
4041 W 9 CT	4041 W 9 CT
Suite, Apt. #, etc. Hialeah Fl	Suite, Apt. #, etc. Hialeah Fl
City & State	City & State Hialeah Fl
Zip 33012 Country	Zip 33012 Country

4. FEI Number 562419035 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANTANA, REINALDO 4041 W 9TH CT HIALEAH, FL 33012	Name Reinaldo Santana Street Address (P.O. Box Number is Not Acceptable) 4041 W 9 CT City Hialeah FL Zip Code 33012

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] 9-20-04
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SANTANA, REINALDO		NAME	
STREET ADDRESS	4041 W 9TH CT		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012		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			NAME	
STREET ADDRESS			STREET ADDRESS	
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			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #