

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/24/2004-90012-015-\$150.00-\$150.00

DOCUMENT # P03000141815

1. Entity Name

SANTOS NUNEZ INC



Principal Place of Business

P O BOX 615
GRETNA FL 32332

Mailing Address

P O BOX 615
GRETNA FL 32332

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BENFIELD, RON
58 SIOUX CIRCLE
HAVANA FL 32333

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NUNEZ, SANTOS	
STREET ADDRESS	P O BOX 615	
CITY-ST-ZIP	GRETNA FL 32332	
TITLE	V	<input type="checkbox"/> Delete
NAME	MENJIVAR, JOSE	
STREET ADDRESS	P O BOX 615	
CITY-ST-ZIP	GRETNA FL 32332	
TITLE	S	<input type="checkbox"/> Delete
NAME	OCHOA, NOE	
STREET ADDRESS	P O BOX 615	
CITY-ST-ZIP	GRETNA FL 32332	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 APR 13 AM 9:35

SECRETARY OF STATE
TAMM HALL, FLORIDA

MOORE

CR2E034 (11/03)

4. FEI Number
20-0431995

Applied For
Not Applicable

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



TL