

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007140

Entity Name: SANTOS INSTALLATIONS, INC.

FILED
May 21, 2007
Secretary of State

Current Principal Place of Business:

4420 NW 6TH AVE
POMPANO BEACH, FL 33064

New Principal Place of Business:

4931 NW 55TH STREET
COCONUT CREEK, FL 33073

Current Mailing Address:

4420 NW 6TH AVE
POMPANO BEACH, FL 33064

New Mailing Address:

4931 NW 55TH STREET
COCONUT CREEK, FL 33073

FEI Number: 20-0579734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANTOS, APARECIDO C
Address: 4420 NW 6TH AVE
City-St-Zip: POMPAN BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANTOS, APARECIDO C
Address: 4931 NW 55TH STREET
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APARECIDO SANTOS

PD

05/21/2007

Electronic Signature of Signing Officer or Director

_____ Date