## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000014700 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS SANTOS ESTRADA INC. 06 MAY 16 AM 7:50 Principal Place of Business Mailing Address P.O. BOX 460 P.O. BOX 460 GRETNA, FL 32332 GRETNA, FL 32332 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05162006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 20-0639203 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BENFIELD, RON Street Address (P.O. Box Number is Not Acceptable) **58 SIOUX CIRCLE** HAVANA, FL 32333 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Defete TITLE ☐ Channe TITLE PEREZ, GERMAN G NAME 200075111142 STREET ADDRESS P.O. BOX 460 STREET ADDRESS 05/24/06--01005--010 \*\*150.00 CITY-ST-ZIP GRETNA, FL 32332 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE **GUTIERREZ, JOSE** NAME NAME P.O. BOX 460 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP GRETNA, FL 32332 Addition Delete TITLE TITLE maurisio Hernandez NAME HERNANDEZ, LUIS ANGEL NAME STREET ADDRESS P.O. BOX 460 STREET ADDRESS DO BOX 460 URetna Fi 37332 TREasukee CITY-ST-ZIP GRETNA, FL 32332 CITY-ST-ZIP Change Delete TITLE Addition HENRY GutiERREZ GUADALUPE SANCHEZ, JESUS DE NAME NAME STREET ADDRESS P.O. BOX 460 STREET ADDRESS POBOX 440 GRETNA, FL 32332 CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TIFLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 exemptions contained 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 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:

Daytime Phone #