

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90071 038 ***150.00

DOCUMENT # P04000042860					
1. Entity Name SANTE INVESTMENTS, INC.					
Principal Place of Business 2105 SW 97 AVE MIAMI FL 33165			Mailing Address 2105 SW 97 AVE MIAMI FL 33165		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 200874704	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SANTE, NATALIE R 2105 SW 97 AVE MIAMI FL 33165				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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE P	NAME SANTE, NATALIE R <input type="checkbox"/> Delete				
STREET ADDRESS 2105 SW 97 AVE	CITY-ST-ZIP MIAMI FL 33165				
TITLE 	NAME <input type="checkbox"/> Delete				
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME <input type="checkbox"/> Delete				
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME <input type="checkbox"/> Delete				
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME <input type="checkbox"/> Delete				
STREET ADDRESS 	CITY-ST-ZIP 				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: _____ 01/25/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					



1st MOORE CR2E034 (10/04)