

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 SEP 17 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06142007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000129944					
1. Entity Name SANTA FE RIDERS, INC.					
Principal Place of Business 11712 SW 52ND STREET COOPER CITY, FL 33340			Mailing Address 11712 SW 52ND STREET COOPER CITY, FL 33340		
2. Principal Place of Business - No P.O. Box # 1920 SW 100 Ave		3. Mailing Address 1920 SW 100 Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miramar FL		City & State Miramar FL		4. FEI Number 20-1628036	
Zip 33025		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALZATE, JUAN 11712 SW 52ND STREET COOPER CITY, FL 33340			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD ALZATE, JUAN 11712 SW 52ND STREET COOPER CITY, FL 33340	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RESTREPO, SILVIO 11712 SW 52ND STREET COOPER CITY, FL 33340	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000110062100 09/28/07--01056--005 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALZATE, ELIZABETH R 11712 SW 52ND STREET COOPER CITY, FL 33340	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Juan Alzate</i>		JUAN ALZATE		09/14/07 (954) 818-3418	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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