

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P05000046577**

**1. Entity Name**  
**JOSE SANTOS INC.**



**Principal Place of Business**  
**723 CRANDON BLVD #206**  
**KEY BISCAINE, FL 33149**

**Mailing Address**  
**723 CRANDON BLVD #206**  
**KEY BISCAINE, FL 33149**

**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**



07282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-2777569**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**SANTOS, JOSE**  
**723 CRANDON BLVD #206**  
**KEY BISCAINE, FL 33149**

**DO NOT WRITE  
IN THIS SPACE**

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

**9. Election Campaign Financing** ☐ **\$5.00 May Be**  
**Trust Fund Contribution. Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PSDC</b>
<b>NAME</b>	<b>SANTOS, JOSE</b>
<b>STREET ADDRESS</b>	<b>723 CRANDON BLVD #206</b>
<b>CITY-ST-ZIP</b>	<b>KEY BISCAINE, FL 33149</b>
<b>TITLE</b>	<b>V</b>
<b>NAME</b>	<b>SANTOS, GIOVANNA</b>
<b>STREET ADDRESS</b>	<b>723 CRANDON BLVD #206</b>
<b>CITY-ST-ZIP</b>	<b>KEY BISCAINE, FL 33149</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

U00000957134  
08/04/08-80010-025 550.00

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Giovanna Santos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-08 305-3658447  
Date Daytime Phone #