

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000035152

FILED
May 02, 2007
Secretary of State

Entity Name: SANTA ANITA INVESTMENTS CORP.

Current Principal Place of Business:

1001 BRICKELL BAY DR.
9TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

1643 BRICKELL AVE
APT 2305
MIAMI, FL 33129

Current Mailing Address:

1001 BRICKELL BAY DR.
9TH FLOOR
MIAMI, FL 33131

New Mailing Address:

1643 BRICKELL AVE
APT 2305
MIAMI, FL 33129

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRA, MIGUEL
1001 BRICKELL BAY DR.
9TH FLOOR
MIAMI, FL 33131 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: D () Delete
Name: SAIDEN, AMIN
Address: 1643 BRICKELL AVENUE, APT 2305
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: DE SAIDEN, SILVIA
Address: 1643 BRICKELL AVENUE, APT 2305
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: SAIDEN DE NAVARRO, SILVIA
Address: 1643 BRICKELL AVENUE, APT 2305
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AMIN SAIDEN

D

05/02/2007

Electronic Signature of Signing Officer or Director

Date