

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000090382

1. Entity Name

SANTIAGO CONSTRUCTION, INC.



Principal Place of Business

2775 CATHEDRAL DRIVE LOT 291
TALLAHASSEE, FL 32310

Mailing Address

2775 CATHEDRAL DRIVE LOT 291
TALLAHASSEE, FL 32310

FILED

08 MAR 24 PM 1:17

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

03/24/08--01007--012 **150.00



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number

03-0598609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANTIAGO, BEATRIZ
2775 CATHEDRAL DRIVE LOT 291
TALLAHASSEE, FL 32310

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SANTIAGO, BEATRIZ
STREET ADDRESS	2775 CATHEDRAL DRIVE LOT 291
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	V
NAME	PEREZ, HUGO
STREET ADDRESS	2775 CATHEDRAL DRIVE LOT 291
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-08