

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000080280

Entity Name: SANTANA OKEECHOBEE INC.

FILED  
May 04, 2006  
Secretary of State

## Current Principal Place of Business:

RT 5 BOX 1960  
BLUEFIELD RD  
OKEECHOBEE, FL 34972 US

## New Principal Place of Business:

785 CRANDON BLVD # 806  
KEY BISCAYNE, FL 33149 US

## Current Mailing Address:

785 CANNON BLVD  
STE 806  
KEY BISCAYNE, FL 33149 US

## New Mailing Address:

FEI Number: 65-0461651      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ECHEVERRI SR, CESAR  
785 CRANDON BLVD  
STE 806  
KEY BISCAYNE, FL 33149 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: DP ( ) Delete  
Name: ECHEVERRI, CESAR  
Address: 785 CRANDON BLVD STE #806  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DS ( ) Delete  
Name: ECHEVERRI, CLARALUZ  
Address: 785 CRANDON BLVD STE., #806  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DVP ( ) Delete  
Name: ECHEVERRI, FERNANDO  
Address: 785 CRANDON BLVD STE., #806  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DV ( ) Delete  
Name: OLIVER, STANLEY  
Address: 785 CRANDON BLVD STE., #806  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DVP ( ) Delete  
Name: ECHEVERRI, LUZ MARINA  
Address: 785 CRANDON BLVD STE., #806  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DVP ( ) Delete  
Name: ECHEVERRI, OLGA  
Address: 785 CRANDON BLVD STE., #806  
City-St-Zip: KEY BISCAYNE, FL 33149

## 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:

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 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: CESAR ECHEVERRI

DP

05/04/2006

Electronic Signature of Signing Officer or Director

Date