2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000080280

Entity Name: SANTANA OKEECHOBEE INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 785 CRANDON BLVD # 806 KEY BISCAYNE, FL 33149 US **Current Mailing Address: New Mailing Address:** 785 CANNON BLVD STE 806 KEY BISCAYNE, FL 33149 US FEI Number: 65-0461651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ECHEVERRI SR, CESAR MORALES, LUZ A 785 CRANDON BLVD 17411 NW 8TH STREET PEMBROKE PINES, FL 33029 STE 806 US KEY BISCAYNE, FL 33149 US 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: LUZ A MORALES 04/30/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ECHEVERRI, CESAR Name: Name: 785 CRANDON BLVD STE #806 Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: Title: Title: DS () Delete () Change () Addition Name: ECHEVERRI, CLARALUZ Name: 785 CRANDON BLVD STE.,#806 Address: Address: KEY BISCAYNE, FL 33149 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition DVP () Delete DVP ECHEVERRI, FERNANDO ECHEVERRI, FERNANDO Name: Name: 785 CRANDON BLVD STE #806 881 OCEAN DRIVE APT 9E Address: Address: KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: Title: DVP () Delete Title: () Change () Addition ECHEVERRI, LUZ MARINA Name: Name: Address: 785 CRANDON BLVD STE., #806 Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: Title: () Delete Title: DVP (X) Change () Addition ECHEVERRI, OLGA Name: Name: ECHEVERRI, OLGA 785 CRANDON BLVD STE..#806 Address: 1720 ASPEN LANE Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: WESTON, FL 33327

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: CESAR ECHEVERRI DP 04/30/2008