

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000080280

Entity Name: SANTANA OKEECHOBEE INC.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

785 CRANDON BLVD # 806
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

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:

MORALES, LUZ A
17411 NW 8TH STREET
PEMBROKE PINES, FL 33029 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

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: 881 OCEAN DRIVE APT 9E
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: 1720 ASPEN LANE
City-St-Zip: WESTON, FL 33327

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:

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

04/17/2009

Electronic Signature of Signing Officer or Director

Date