

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000041532**

1. Entity Name  
**SAN-PER INVESTMENTS, INC.**



Principal Place of Business  
**4767-B N W 72ND AVE  
MIAMI, FL 33166 US**

Mailing Address  
**PO BOX 521544  
MIAMI, FL 33152-1544 US**

**DO NOT WRITE IN THIS SPACE**



05022006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**45-0496629** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CARMEN CHRISTODOULIS  
9142 GRAND CANAL DR  
MIAMI, FL 33174**

**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)

**U00000562172**  
**05/19/06-80042-005 150.00**  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	CHRISTODOULIS, CARMEN I
STREET ADDRESS	9142 GRAND CANAL DR
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	V
NAME	RICARD, MARIA E
STREET ADDRESS	6535 SW 79TH CT.
CITY-ST-ZIP	SOUTH MIAMI, FL 33143
TITLE	P
NAME	PEREZ, GONZALO
STREET ADDRESS	581 SW 90TH CT.
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	T
NAME	PEREZ, LIDIA M
STREET ADDRESS	591 SW 90TH CT.
CITY-ST-ZIP	MIAMI, FL 33174
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:** *Manuel P. Ricard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Vice President* **5-1-06** **305**  
**4702024**

Date

Daytime Phone #