

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT # P94000044743

1. Entity Name
SANTANA SUBS, INC.



04 MAY 12 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
44027534

Principal Place of Business

SANTANA SUBS INC.
1132 ROYAL P. BCH BLVD.
ROYAL PALM BEACH, FL 33411 US

Mailing Address

1132 ROYAL PALM BLVD.
ROYAL PALM BEACH
PALM BEACH, FL 33411 US

04/12/04 90291 017 \$100.00



03222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0497918

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAMOS, FRANCISCA
1132 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME RAMOS, FRANCISCA
STREET ADDRESS 1132 ROYAL PALM BEACH BLVD.
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE
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CITY-ST-ZIP

800038575318
07/01/04--01053--007 **50.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/5/04

Date

561 798 9986

Daytime Phone #