## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 17, 2004 08:00 AM Secretary of State **DOCUMENT # P95000059763** 1. Entity Name SANTRAM, INC. Mailing Address Principal Place of Business 8507 PAJARO CT 4700 DIXIE HWY NE ORLANDO, FL 32836 PALM BAY, FL 32905 03142004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 59-3329699 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATEL, BHIKHABHAI L DO NOT WRITE 4700 DIXIE HWY NE PALM BAY, FL 32905 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable U000000090422 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 03/17/04-80017-013 150.00 OFFICERS AND DIRECTORS 10. TITLE PATEL, B L NAME 8507 PAJARO CT. STREET ADDRESS ORLANDO, FL 32836 CRY-ST-ZIP TITLE PATEL, BHARTI NAME 8507 PAJARO CT. STREET ADDRESS CITY-ST-ZIP ORLANODE, FL 32683 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-77P TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my agnature 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:

STREET ADDRESS CITY-ST-7/P TITLE MAME STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR

**FILED**