


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90187 038 \*\*\*150.00

DOCUMENT # P96000024151			
1. Entity Name SAN ANTONIO RESOURCES, INC.			
Principal Place of Business 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131		Mailing Address 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131	
2. Principal Place of Business 1441 BRICKELL AVE Suite, Apt. #, etc. 1400		3. Mailing Address 1441 BRICKELL AVE Suite, Apt. #, etc. 1400	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131	Country USA	Zip 33131	Country USA
4. FEI Number 65-0847054		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN LAW, ROBERT 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name ROBERT ALLEN LAW Street Address (P.O. Box Number is Not Acceptable) 1441 BRICKELL AVE City SUITE 1400 MIAMI FL Zip Code 33131	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS NAME ELJURI, GLADYS STREET ADDRESS 1441 BRICKELL AVE STE 1014 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE PS NAME Eljuri, Gladys STREET ADDRESS 1441 BRICKELL AVENUE STE 1400 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SS NAME ALLEN, ROBERT N JR STREET ADDRESS 1441 BRICKELL AVE STE 1014 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE SS NAME Bonavita, Umberto C STREET ADDRESS 1441 Brickell Avenue ste 1400 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ALVAREZ, ANTONIO STREET ADDRESS 1441 BRICKELL AVE STE 1014 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE D NAME Alvarez, Antonio STREET ADDRESS 1441 Brickell Avenue CITY-ST-ZIP MIAMI FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME ALVAREZ, ANTONIO STREET ADDRESS 601 BRICKELL KEY DR., #805 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		Umberto Bonavita 4/27/05 (305) 372-3300 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	