2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 10, 2004 8:00 am Secretary of State 05-10-2004 90480 036 ***150.00

DOCUMENT # P97000083.169 1. Entity Name SANTA FE TRUST, INC.								·				
Principal Plac 1020 NW 62 FT. FAUDERD		US ·	Mailing Address P.O. BOX 81200 ALBUQUERQUE, NM 8	US			It 1874 1887 2874 887	ERIA TEIR IETRA	IKKE SIBIN NIKIT IND			
2. Principal P	Place of Business		3. Mailing Address									
Suite. Apt. #, etc.			Suite, Apt. #, etc.				03262004	Chg-P	CR2E	34 (10/03)		
City & State			City & State			4. FEI Numb 86-099			<u> </u>	plied For Applicable		
Zip	Country		Zip Coun		γ		5. Certificate	of Status Desire	d 🗆	\$8.75 Add Fee Required		
- 6. Name and Address of Current Registered Agent					Name			Address of Ne	w Registered	Agent		
WHITTINGTON, KEELY 1020 NW 62 STREET FT. LAUDERDALE, FL 33309						Street Address (P.O. Box Number is Not Acceptable)						
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of the obligations of registered agent. O									l Florida. I am	کک_ا -	301	
SIGNATURE Signature, by od or skinted name of registered agreent and site if applicable. (NOTE: Registered Agreent signature required when releasing) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution: Added to Fees												
10.		OFFICERS AND L		11.		_	ADDITIONS	/CHANGES TO	OFFICERS AND			
NAME SIREET ADDRESS	D Delete WHITTINGTON, KEELY P.O. BOX 81200 ALBUQUERQUE, NM 87198				E EET ADDRESS - ST-ZIP	90	YES OF	81200	W MM:	□ Change	Addition	
TITLE	D	JE, NM 87198	☐ Delete	TITLE		M	Rugue	FROUE	KIM .	Change	Addition	
NAME	WHITTINGTO		00000	MAM	E			ů.	<u></u>			
STREET ADDRESS CITY ST-ZIP	P.O. BOX 812			ET AODRESS -ST-ZIP						.		
TULE NAME STOLLT ADDRESS			- Delete		ET ADDRESS					Change	Addition	
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CITY-ST-ZIP	certify that the info	rmation supplied with	this filing does not qualify fo	CITY	·ST-ZIP	ed in Se	ection 119.07(3	i)(i), Florida Statu	les. I further ce	ertify that the it	nlormation	
1. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0 (30), Fortifical stated is 1 formation. 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 orath; that I am an officer or director of the corporation or the receiver of turstee 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 others. With all other like empowered.												
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