

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 8:00 am
Secretary of State

01-31-2008 90033 032 ***150.00

DOCUMENT # P98000045206

1. Entity Name

SANTRI ENTERPRISES, INC.



Principal Place of Business

**8360 W. FLAGLER ST STE 206
3
MIAMI, FL 33144 US**

Mailing Address

**8360 W. FLAGLER ST STE 206
3
MIAMI, FL 33144 US**

DO NOT WRITE IN THIS SPACE



03212008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0847598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOSSE, MARIA
8360 W. AVE ST STE 206
MIAMI, FL 33144**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FOSSEE, MARIA
8360 W. FLAGLER ST STE 206
MIAMI, FL 33144**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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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: X Maria Fosse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2008

Date

Daytime Phone #


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/31/2008-90033-032-\$150.00-\$150.00

voided

ATTACHMENT

66005517

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|---|---|
| DOCUMENT # P98000045206 1. Entity Name SANTRI ENTERPRISES, INC. |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 8360 W. FLAGLER ST STE 206 3 MIAMI, FL 33144 US | Mailing Address 8360 W. FLAGLER ST STE 206 3 MIAMI, FL 33144 US |
|---|---|

DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 65-0847598 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| |
|---|
| 6. Name and Address of Current Registered Agent FOSSE, MARIA 8360 W. AVE ST STE 206 MIAMI, FL 33144 |
|---|

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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 *Maria Fosse* *1/24/2008*
Signature, title or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FOSSEE, MARIA 8360 W. FLAGLER ST STE 206 MIAMI, FL 33144 |
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SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

66005517

March 21, 2008

Re: Santri Enterprise Inc.
Reference #: P98000045206
Form: 2008 Annual report

Please find attached the 2008 Annual report signed. Due to the fact that I was out of the country I was unable to respond to your notice before the thirty day deadline. Please accept the corrected form.

Since the full payment amount was made before the due date, if possible please wave any penalties that might be assessed for my late response.

Thank you,
Maria Fosse