

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000108551

1. Entity Name
SUSANA SANTOMAURO, INC.



FILED

06 NOV -7 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11032006 Chg-P CR2E034 (11/05)

Principal Place of Business
1621 COLLINS AVE.
916
MIAMI BEACH, FL 33139

Mailing Address
1621 COLLINS AVE.
916
MIAMI BEACH, FL 33139

2. Principal Place of Business
2742 BISCAYNE BLVD

3. Mailing Address
2742 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33137

Country
US

Zip
33137

Country
US

4. FEI Number
65-0968525

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANTOMAURO, SUSANA
1621 COLLINS AVE., 916
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
SUSANA SANTOMAURO
Street Address (P.O. Box Number is Not Acceptable)
2742 BISCAYNE BLVD
City
MIAMI FL Zip Code
33137

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

SUSANA SANTOMAURO PRESIDENT

11/03/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SANTOMAURO, SUSANA
STREET ADDRESS 1621 COLLINS AVE., 916
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☐ Delete

TITLE SD
NAME SANTOMAURO, O SEBASTIAN
STREET ADDRESS 1621 COLLINS AVE., 916
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☒ Delete

TITLE VPD
NAME SANTOMAURO, PABLO FERNANDO
STREET ADDRESS 1621 COLLINS AVE., 916
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SANTOMAURO, SUSANA
STREET ADDRESS 2742 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33137 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300081582353
11/07/06--01049--003 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SUSANA SANTOMAURO

11/03/06

(305)926-2662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

jc 11/8