

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

06 NOV -7 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11032006 Chg-P CR2E034 (11/05)

DOCUMENT # P99000108551	
1. Entity Name SUSANA SANTOMAURO, INC.	

Principal Place of Business 1621 COLLINS AVE. 916 MIAMI BEACH, FL 33139	Mailing Address 1621 COLLINS AVE. 916 MIAMI BEACH, FL 33139
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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
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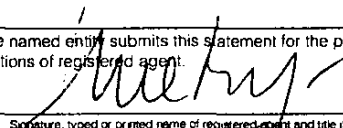
Zip 33137	Country US	Zip 33137	Country US
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4. FEI Number 65-0968525	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. 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
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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.

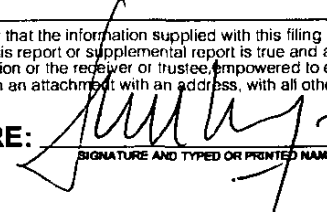
SIGNATURE:  SUSANA SANTOMAURO PRESIDENT 11/03/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Amended AR is \$81.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTOMAURO, SUSANA 1621 COLLINS AVE., 916 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTOMAURO, SUSANA 2742 BISCAYNE BLVD MIAMI FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTOMAURO, O SEBASTIAN 1621 COLLINS AVE., 916 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300081582353 11/07/06--01049--003 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANTOMAURO, PABLO FERNANDO 1621 COLLINS AVE., 916 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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