# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 13, 2005**
**Secretary of State**

DOCUMENT# V31393

**Entity Name:** SANTORINI ISLE, INC.

**Current Principal Place of Business:**

500 SOUTH POINTE DRIVE
220
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

4 STAR ISLAND DR.
MIAMI BEACH, FL 33139 US

**Current Mailing Address:**

500 SOUTH POINTE DRIVE
220
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

4 STAR ISLAND DR.
MIAMI BEACH, FL 33139 US

**FEI Number: 65-0334930** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, BRIAN A
2333 PONCE DE LEON BOULEVARD
SUITE 303
CORAL GABLES, FL 331340000 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: KRAMER, THOMAS
Address: 500 SOUTH POINTE DRIVE - STE 220
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPS ( ) Delete
Name: NEE, MARGARET
Address: 500 SOUTH POINTE DRIVE - STE 220
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: KRAMER, THOMAS
Address: 4 STAR ISLAND DR.
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPS (X) Change ( ) Addition
Name: NEE, MARGARET
Address: 4 STAR ISLAND DR.
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS KRAMER P 06/13/2005

Electronic Signature of Signing Officer or Director Date