

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000067359

**Entity Name:** SANTOS- LAINE, CORP.

**Current Principal Place of Business:**

11320 NW 46 LANE  
MIAMI, FL 33178

**FILED**  
**Mar 18, 2017**  
**Secretary of State**  
**CC6672237387**

**Current Mailing Address:**

11320 NW 46 LANE  
MIAMI, FL 33178 US

**FEI Number:** 47-4774006

**Certificate of Status Desired:** No

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

LAINE, LAURA C  
11320 NW 46 LANE  
MIAMI, FL 33178 US

*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

**Officer/Director Detail :**

Title P  
Name LAINE, LAURA C  
Address 11320 NW 46 LANE  
City-State-Zip: MIAMI FL 33178

Title VP  
Name LAINE, LAURA C  
Address 11320 NW 46 LANE  
City-State-Zip: MIAMI FL 33178

Title S  
Name LAINE, LAURA C  
Address 11320 NW 46 LANE  
City-State-Zip: MIAMI FL 33178

Title T  
Name LAINE, LAURA C  
Address 11320 NW 46 LANE  
City-State-Zip: MIAMI FL 33178

*I hereby 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 all other like empowered.*

**SIGNATURE:** LAURA LAINE

**OWNER**

**03/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date