

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000030086

Entity Name: PLAYA TORTUGA 15, INC.

FILED  
Jan 17, 2006  
Secretary of State

## Current Principal Place of Business:

18901 NE 29 AVE STE 100  
AVENTURA, FL 33180

## New Principal Place of Business:

19925 NE 39 PL #301  
AVENTURA, FL 33180

## Current Mailing Address:

16130 RIO DEL PAZ  
DELRAY BEACH, FL 33446

## New Mailing Address:

19925 NE 39 PL#301  
AVENTURA, FL 33180

FEI Number: 20-2020854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DADE COUNTY CORPORATE AGENTS, INC.  
18901 NE 29 AVE STE 100  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

PISANO, TOM P  
19925 NE 39 PL # 301  
AVENTURA, FL 33180 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: TOM PISANO

01/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: PISANO, TOM  
Address: 16130 RIO DEL PAZ  
City-St-Zip: DELRAY BEACH, FL 33446

Title: V ( ) Delete  
Name: RAITER, TODD  
Address: 16130 RIO DEL PAZ  
City-St-Zip: DELRAY BEACH, FL 33446

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: PISANO, TOM  
Address: 19925 NE 39 PL # 301  
City-St-Zip: AVENTURA, FL 33180

Title: V (X) Change ( ) Addition  
Name: RAITER, TODD  
Address: 19925 NE 39 PL # 301  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TOM PISANO

P

01/17/2006

Electronic Signature of Signing Officer or Director

Date