


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P97000107563 1. Entity Name SAWGRASS HOTEL, INC.	
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Principal Place of Business 898 BRICKELL AVE 700 MIAMI, FL 33131	Mailing Address 848 BRICKELL AVE STE. 700 MIAMI, FL 33131
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04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0826791	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

MURAI, WALD, BIONDO & MORENO, PA
 TWO ALHAMBRA PLAZA
 PENTHOUSE 1B
 MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$650.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000708192
 04/24/07-80104-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARDID, JOSE
STREET ADDRESS	848 BRICKELL AVE., ST.E 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	ARDID, INIGO
STREET ADDRESS	848 BRICKELL AVE., ST.E 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	DIEGO, ARDID
STREET ADDRESS	848 BRICKELL AVE., STE. 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  JOSE ARDID Date: 4/11/07 Daytime Phone #: 305 377 1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR