


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000107563**  
 1. Entity Name  
**SAWGRASS HOTEL, INC.**



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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**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-P CR2E034 (11/05)

4. FE# Number 65-0826791	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000922604  
 05/15/08-80053-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDID, JOSE 848 BRICKELL AVE., ST.E 700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDID, INIGO 848 BRICKELL AVE., ST.E 700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEGO, ARDID 848 BRICKELL AVE., STE. 700 MIAMI, FL 33131
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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** **4-21-08** **3053771001**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #