

**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**



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(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**

**U000000922604
05/15/08-80053-015 150.00**

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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE ARDID

Date

4-21-08

Daytime Phone #

3053771001