

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107563

Entity Name: SAWGRASS HOTEL, INC.

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

898 BRICKELL AVE  
700  
MIAMI, FL 33131

## New Principal Place of Business:

848 BRICKELL AVE  
700  
MIAMI, FL 33131

## Current Mailing Address:

848 BRICKELL AVE  
STE. 700  
MIAMI, FL 33131

## New Mailing Address:

FEI Number: 65-0826791      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ARDID, JOSE  
Address: 848 BRICKELL AVE., ST.E 700  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: ARDID, INIGO  
Address: 848 BRICKELL AVE., ST.E 700  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: DIEGO, ARDID  
Address: 848 BRICKELL AVE., STE. 700  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOSE ARDID

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date