2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # 528836 Jan 25, 2007 08:00 AN 1. Entity Name **Secretary of State** SPANISH GARDENS, INC. Principal Place of Business Mailing Address C/O SPANISH GARDENS MOTEL C/O SPANISH GARDENS MOTEL 1325 SIMONTON ST. 1325 SIMONTON ST. KEY WEST FL 33040-3113 KEY WEST FL 33040-3113 2. Principal Place of Business - No P.O. Box # 3. Majling Address Suite, Apt. #, etc. Suite, Apr. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1729452 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo MASIELLO, JULIUS CARL Street Address (P.O. Box Number is Not Acceptable) SPAINISH GARDENS MOTEL 1325 SIMONTON ST. KEY WEST FL 33040 Zip Code 8. The above named ontity 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 Skithature. Mond or printed name of recistored agent and title if anniholable INCITE Burnstered Agent signature regulard when registating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Pavable to Florida Department of State 10, **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Changē Addition 11111 Delete mu U00000603285 MASIELLO, JULIUS C. NAMI MAM 01/29/07-80007-013 150.00 1325 SIMONTON ST STREET ADDRESS STRITET ADDOESS KEY WEST FL CITY SEZIP CITY SI-7IP - 🔲 Addition m ☐ Defete ITLE ☐ Change 150455 NAME STREET ADDRESS STREET ADDRESS CITY ST 78P CITY-SI ZIP ☐ Change Delete 19101 HILF Addition Addition MARK NAME SIRELL ADDRESS STREET LADDRESS CITY SI ZIP CITY SI ZIP Addilion 🔲 TIME ☐ Delcte Change NAME NAM STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY SE 71P Delete ☐ Čliange Addition MILE IIIU MAME NAME SIRITET ADDRESS STREET ADDRESS CITY ST 78P CITY ST 2IP ☐ Change Addition HILLE Delete IIII NAME MAME SERECT ADDRESS STREET ADDRESS CITY - ST 2IP CITY-SL ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07

305-294-1051