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**FILED**
**Apr 19, 2004 8:00 am**
**Secretary of State**
04-19-2004 90697 001 *3,758.75

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000077752

1. Entity Name
SEA & SAND REAL ESTATE HOLDINGS, INC.

66412808

| Principal Place of Business | Mailing Address |
|---|---|
| 9350 S DIXIE HWY<br>1600<br>MIAMI, FL 33156 | 9350 S DIXIE HWY<br>1600<br>MIAMI, FL 33156 |

01082004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9350 S. DIXIE HIGHWAY | 9350 S. DIXIE HIGHWAY |
| Suite, Apt. #, etc.<br>1500 | Suite, Apt. #, etc.<br>1500 |
| City & State<br>MIAMI, FLORIDA | City & State<br>MIAMI, FLORIDA |
| Zip / Country<br>33156 | Zip / Country<br>33156 |

4. FEI Number
01-0691409 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SEGREDO, FRANK J ESQ.<br>9350 S DIXIE HWY<br>1600<br>MIAMI, FL 33156 | Name: FRANK J. SEGREDO, ESQUIRE<br>Street Address (P.O. Box Number is Not Acceptable): 9350 S. DIXIE HIGHWAY<br>SUITE 1500<br>City: MIAMI FL Zip Code: 33156 |

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>DIEGO KAPLAN, EDGARDO DR.<br>9559 COLLINS AVE UNIT 52C #203<br>SURFSIDE, FL 33154 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>AVERBUJ, LYDIA<br>9559 COLLINS AVE UNIT 52C #203<br>SURFSIDE, FL 33154 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>KAPLAN, FLORENCIA<br>9559 COLLINS AVE UNIT 52C #203<br>SURFSIDE, FL 33154 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>KAPLAN, MARIA<br>9559 COLINS AVE UNIT S2C #203<br>SURFSIDE, FL 33154 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 — Date — Daytime Phone #