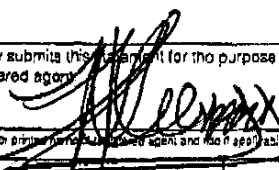


01/12/2004 12:02

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.			
Principal Place of Business 9350 S DIXIE HWY 1600 MIAMI, FL 33156		Mailing Address 9350 S DIXIE HWY 1600 MIAMI, FL 33156	
2. Principal Place of Business 9350 S. DIXIE HIGHWAY		3. Mailing Address 9350 S. DIXIE HIGHWAY	
Suite, Apt. #, etc. 1500		Suite, Apt. #, etc. 1500	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33156	Country	Zip 33156	Country
4. FEI Number 01-0092409		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEGREGO, FRANK J ESQ. 9350 S DIXIE HWY 1600 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name FRANK J. SEGREGO, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 9350 S. DIXIE HIGHWAY SUITE 1500 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	
FILE NOW!!! FEE IS \$750.00 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 DIEGO KAPLAN, EDGARDO DR. 9559 COLLINS AVE UNIT 52C #203 SURFSIDE, FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AVERBUJ, LYDIA 9559 COLLINS AVE UNIT 52C #203 SURFSIDE, FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KAPLAN, FLORENCIA 9559 COLLINS AVE UNIT 52C #203 SURFSIDE, FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KAPLAN, MARIA 9559 COLLINS AVE UNIT 52C #203 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: 		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

66412808



01082004 Chg-P CR2E034 (10/03)