


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90019 004 \*\*\*150.00

<b>DOCUMENT # P02000060540</b> 1. Entity Name <b>SARASOTA CROSSINGS, INC.</b>	
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Principal Place of Business <b>30 WEST MASHTA DRIVE SUITE 400 KEY BISCAVNE, FL 33149</b>	Mailing Address <b>30 WEST MASHTA DRIVE SUITE 400 KEY BISCAVNE, FL 33149</b>
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**DO NOT WRITE IN THIS SPACE**



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>01-0717826</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PUYANIC, MAX D 30 WEST MASHTA DRIVE SUITE 400 KEY BISCAVNE, FL 33149</b>
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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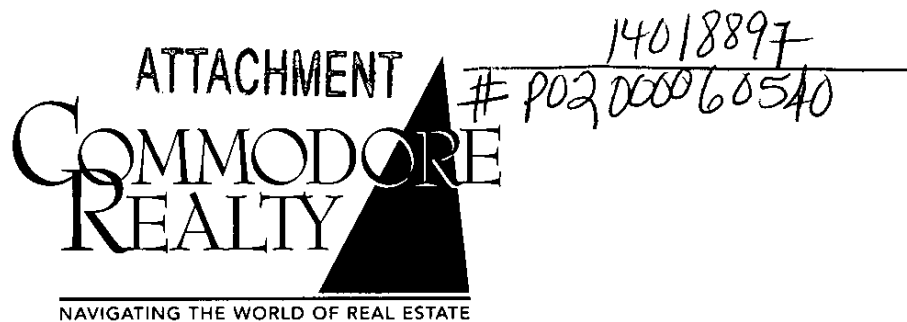
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PUYANIC, MAX D 30 WEST MASHTA DRIVE, STE 400 KEY BISCAVNE, FL 33149</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <u>WDR</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>max D. Puyanica</b>	Date <u>4/14/05</u> Day/line Phone # <u>(305) 365-1600</u>
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July 1, 2005

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Sarasota Crossings, Inc.

To whom it may concern;

Please accept this letter as a formal request to waive the late fee of \$400.00 for 2005 Annual report. On April 13, 2005 we prepared and sent out 16 Corporation payments, but this one was misplaced under Sarasota Crossings, LTD. (you can see that #A0200000077 was paid on time). Thanking you in advance for your cooperation.

Respectfully,

A handwritten signature in black ink, appearing to read "Abel Baez", written over a horizontal line.

Abel Baez  
Bookkeeper