

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000064833 1. Entity Name SABAL SUNDANCE HOLDINGS, INC.	
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Principal Place of Business 3971 S.W. 8TH STREET SUITE 205 CORAL GABLES, FL 33134	Mailing Address 3971 S.W. 8TH STREET SUITE 205 CORAL GABLES, FL 33134
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02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2366514	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GONZALEZ, NITZA
3971 S.W. 8TH STREET
CORAL GABLES, FL 33134

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	LARRIEU, JORGE A
STREET ADDRESS	3971 SW 8 ST. #205
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	VSD
NAME	LARRIEU, MANUEL A
STREET ADDRESS	3971 SW 8 ST. #205
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	AS
NAME	GINZALEZ, NITZA
STREET ADDRESS	3971 SW 8 ST. #205
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UDD0000259754
03/11/05-80037-012 150.00

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IN THIS SPACE**

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