

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY 19 AM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000070071

1. Entity Name
SAXTON BAYSHORE INVESTMENT, INC.



Principal Place of Business
1221 BRICKELL AVENUE, #2100
MIAMI, FL 33131

Mailing Address
1221 BRICKELL AVENUE, #2100
MIAMI, FL 33131

2. Principal Place of Business
999 Ponce De Leon Blvd.

3. Mailing Address
999 Ponce De Leon Blvd.

Suite, Apt. #, etc.
Suite 1100

Suite, Apt. #, etc.
Suite 1100

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country
USA

Zip
33134

Country
USA

01122004

Chg-P

CR2E034 (10/03)

4. FEI Number
Applied For

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A
C/O GREENBERG TRAUIG, P.A.
1221 BRICKELL AVENUE
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
President, Director
Secundino Burgos
999 Ponce De Leon Blvd., #1100
Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Secretary, Treasurer
Lila Mendez Bellamy
999 Ponce De Leon Blvd., #1100
Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SECUNDINO BURGOS DIRECTOR

20.04.04

Date

Daytime Phone