

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90027 009 ***150.00

DOCUMENT # P03000070071	
1. Entity Name SAXTON BAYSHORE INVESTMENT, INC.	

Principal Place of Business 999 PONCE DE LEON BLVD SUITE 1100 CORAL GABLES, FL 33134	Mailing Address 999 PONCE DE LEON BLVD SUITE 1100 CORAL GABLES, FL 33134
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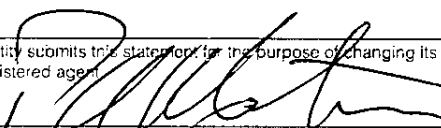
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03072007 Chg-P CR2E034 (12/06)

4. FEI Number 80-0120253		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
		Name Pedro A. Martin, Greenberg Traurig, PA
		Street Address (P.O. Box Number is Not Acceptable) 1221 Brickell Avenue
		Suite 1800
		City Miami FL Zip Code 33131

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.

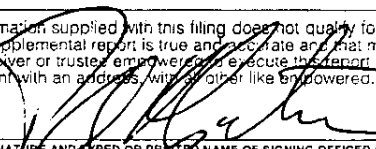
SIGNATURE  **Pedro A. Martin** DATE **3/7/07**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURGOS, SECUNDINO 999 PONCE DE LEON BLVD, #1100 CORAL GABLES, FL 33134 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President Pedro A. Martin 1221 Brickell Avenue Miami, FL 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BELLAMY, LILA M 999 PONCE DE LEON BLVD, #1100 CORAL GABLES, FL 33134 ☒ 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
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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 exemptions contained in Chapter 119, 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 as changed, or on an attachment with an address, with another like empowered.

SIGNATURE:  **Pedro A. Martin** DATE **3/7/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR