2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2006 08:00 AM DOCUMENT # P04000083599 Secretary of State 1. Entity Name SEAGRAPE REALTY GROUP, INC. Principal Place of Business Mailing Address 5707 S. DIXIE HIGHWAY 5707 S. DIXIE HIGHWAY SUITE F WEST PALM BEACH FL 33405 SUITE F WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 34-1997163 Not Applicat Zip Country Country $Z_{\rm ID}$ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 City 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. Lam familiar with, and accerthe 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" 9. Election Campaign Financing \$5.00 May (After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change ☐ Addition U000004<u>08338</u>8 NAME CAPOTE, RAMON C NAME STREET ADDRESS 02/08/06-80057-004 150.00 1529 B ROAD STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY - ST - ZIP FITLE Delete TITLE Change Add: NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP Delete TITLE HILE ☐ Change ☐ Add" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE Change Addit NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addit. NAME MARKE STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-ZIP HITLE ☐ Delete HILE ☐ Change 🔲 Addiği NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or Bl

GAMON C. CANOTO (INS.)

with all other like empowered

if changed, or on an attachment

SIGNATURE:

FILED

1-26-06 (561) 585-6027