

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000138157**

1. Entity Name  
**DONSEG CONDO-HOTEL CORP.**



Principal Place of Business  
**799 CRANDON BLVD  
#305  
KEY BISCAYNE, FL 33149**

Mailing Address  
**799 CRANDON BLVD  
#305  
KEY BISCAYNE, FL 33149**



01252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1716120**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ARAZOZA & FERNANDEZ-FRAG, P.A.  
2100 SALZEDO STREET STE 300  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

B. 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, 2008 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  
**DP  
DON-ZABALA, ERASMO  
CONDominio POUERTO PASEOS AVE LAS CUMBRES  
SAN JUAN, PR 009266658**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
SEGARRA, MARIA Y  
CONDominio POUERTO PASEOS AVE LAS CUMBRES  
SAN JUAN, PR 009266658**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DON-SEGARRA, MARIETTA  
CONDominio POUERTO PASEOS AVE LAS CUMBRES  
SAN JUAN, PR 009266658**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DON-SEGARRA, ERCK  
CONDominio POUERTO PASEOS AVE LAS CUMBRES  
SAN JUAN, PR 009266658**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DON MARTINEZ, YOLANDA  
CONDominio POUERTO PASEOS AVE LAS CUMBRES  
SAN JUAN, PR 009266658**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

0000000855846  
03/27/08-80068-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR, OR TRUSTEE  
**MARIA Y. SEGARRA**

**03/11/2008**

Date

**305 365 8085**

Daytime Phone