

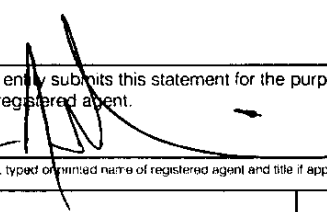
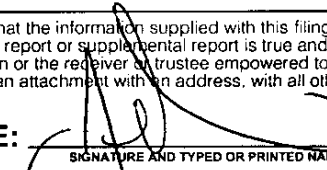


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90010 037 ***150.00

DOCUMENT # P05000000802 1. Entity Name SABAL PALM INVESTMENT GROUP, INC.					
Principal Place of Business 5329 GRANADA BOULEVARD CORAL GABLES, FL 33146				Mailing Address 5329 GRANADA BOULEVARD CORAL GABLES, FL 33146	
2. Principal Place of Business 10250 SW 56 ST. Suite, Apt. #, etc. #D-201		3. Mailing Address 10250 SW 56 ST. Suite, Apt. #, etc. #D-201			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 20-2093921	
Zip 33165		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACIAS, JUAN CARLOS 5329 GRANADA BOULEVARD CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name JUAN C. MACIAS Street Address (P.O. Box Number is Not Acceptable) 10250 SW 56 ST. #D-201 City MIAMI State FL Zip Code 33165	
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  DATE 3/31/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACIAS, JUAN CARLOS 5329 GRANADA BOULEVARD CORAL GABLES, FL 33146 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUAN CARLOS MACIAS PRESIDENT 11958 SW 72 TERRACE MIAMI, FLORIDA 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUILLAMA, ISIDRO L 5329 GRANADA BOULEVARD CORAL GABLES, FL 33146 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT ISIDRO L. GUILLAMA 5329 GRANADA BLVD. CORAL GABLES, FL-33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAILE, CORY 5329 GRANADA BOULEVARD CORAL GABLES, FL 33146 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE IZAGUIRRE, FERNANDO 12270 SW 45 STREET MIAMI, FL 33175 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			3/31/06 (305) 279-6442 <small>Date Daytime Phone #</small>		