

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90024 015 ***150.00

DOCUMENT # P05000000802

1. Entity Name

SABAL PALM INVESTMENT GROUP, INC.



Principal Place of Business

10250 SW 56 ST
#D-201
MIAMI FL 33165

Mailing Address

10250 SW 56 ST
#D-201
MIAMI FL 33165



2. Principal Place of Business - No P.O. Box #

12150 S.W. 132 CT.
Suite, Apt. #, etc.
#209-B

3. Mailing Address

12150 S.W. 132 CT.
Suite, Apt. #, etc.
#209-B

1st MOORE

CR2E034 (10/06)

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number 20-2093921

Applied For
Not Applicable

Zip 33185 Country U.S.A.

Zip 33185 Country U.S.A.

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

6. Name and Address of Current Registered Agent

MACIAS, JUAN CARLOS
10250 SW 56 ST
#D-201
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name JUAN CARLOS MACIAS
Street Address (P.O. Box Number is Not Acceptable)
12150 SW 132 CT. #209-B
City MIAMI FL Zip Code 33185

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)

2/10/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MACIAS, JUAN CARLOS
STREET ADDRESS 11958 SW 72 TERRACE
CITY- ST- ZIP MIAMI FL 33183 ☐ Delete

TITLE V
NAME GUILLAMA, ISIDRO L
STREET ADDRESS 5329 GRANADA BOULEVARD
CITY- ST- ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE T
NAME MAILE, CORY
STREET ADDRESS 5329 GRANADA BOULEVARD
CITY- ST- ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE S
NAME DE IZAGUIRRE, FERNANDO
STREET ADDRESS 12270 SW 45 STREET
CITY- ST- ZIP MIAMI FL 33175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 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 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

2/10/07
Date

(305) 279-6442
Daytime Phone #