

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000043569

1. Entity Name
AEF&G GOLF, INC.



Principal Place of Business
**524 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140**

Mailing Address
**524 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140**



07162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0507414

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINEZ, ALFONSO
524 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140**

**DO NOT WRITE
IN THIS SPACE**

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, types or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MARTINEZ, JORGE F
524 ARTHUR GODFREY RD.
MIAMI BEACH, FL 33140**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MARTINEZ, EDUARDO A
524 ARTHUR GODFREY RD.
MIAMI BEACH, FL 33140**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MARTINEZ, ALFONSO A
524 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MONTES, FRANCISCO
524 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000169018
08/02/04-80006-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

7/27/04 305 673 6548