

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 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



07112006

No Chg-P

CR2E034 (11/05)

**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, 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  
Due by September 6, 2006**

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	P
NAME	MARTINEZ, JORGE F
STREET ADDRESS	524 ARTHUR GODFREY RD.
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	ST
NAME	MARTINEZ, EDUARDO A
STREET ADDRESS	524 ARTHUR GODFREY RD.
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VP
NAME	MARTINEZ, ALFONSO A
STREET ADDRESS	524 ARTHUR GODFREY ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VP
NAME	MONTES, FRANCISCO
STREET ADDRESS	524 ARTHUR GODFREY ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000570707  
07/18/06-80007-013 150.00

**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 SIGNING OFFICER OR DIRECTOR

JORGE F. MARTINEZ

7/12/06

Date

(305)673-6568

Daytime Phone #