

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED
Mar 07, 2007 08:00 AM
Secretary of State



02052007 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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000658710
03/15/07-80048-025 150.00

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	

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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

2/8/07

Date

(305) 673 6568

Daytime Phone #