

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000075203

1. Entity Name
SEGOVIA PROPERTIES, INC.



Principal Place of Business
**1020 NW 3RD ST.
#2
MIAMI, FL 33128 US**

Mailing Address
**PO BOX 141833
CORAL GABLES, FL 33114**



02152004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0777163

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DOUGLAS, ROBERT S
3800 SEGOVIA ST
CORAL GABLES, FL 33134**

**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: Reg stored Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000057739
02/20/04-80001-018 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOUGLAS, LOUISE S
STREET ADDRESS	3800 SEGOVIA ST
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DST
NAME	DOUGLAS, BERTHA C
STREET ADDRESS	3800 SEGOVIA ST
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	P
NAME	DOUGLAS, ROBERT S
STREET ADDRESS	3800 SEGOVIA ST
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(i), 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 #

ROBERT S. DOUGLAS 2/15/04 305-322-6454