

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90276 044 ***150.00

DOCUMENT # P97000107563 1. Entity Name SAWGRASS HOTEL, INC.					
Principal Place of Business 848 BRICKELL AVE PENTHOUSE I MIAMI, FL 33131			Mailing Address 848 BRICKELL AVE STE. 700 MIAMI, FL 33131		
2. Principal Place of Business 848 Brickell Ave			3. Mailing Address		
Suite, Apt. #, etc. 700			Suite, Apt. #, etc.		
City & State Miami FL			City & State		
Zip 33131		Country USA		Zip	
Country		Zip		Country	
6. Name and Address of Current Registered Agent MURAI, WALD, BIONDO & MORENO, PA 900 INGRAHAM BUILDING 25 SOUTHEAST 2ND AVENUE MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Murai Wald Biondo Moreno & Brochin, PA. Street Address (P.O. Box Number is Not Acceptable) Two Alhambra Plaza Penthouse 7B City Coral Gables FL Zip Code 33134	
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 <u><i>[Signature]</i></u> Rene V. Murai 4/21/05 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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDID, JOSE 848 BRICKELL AVE., ST.E 700 MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDID, INIGO 848 BRICKELL AVE., ST.E 700 MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEGO, ARDID 848 BRICKELL AVE., STE. 700 MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Delete			
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: <u><i>[Signature]</i></u> Jose Ardido 4/18/05 305-377-1001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					