


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # S75182 1. Entity Name FOUR SEASONS FOILAGE, INC.	
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Principal Place of Business 1100 CORAL WAY CORAL GABLES, FL 33134	Mailing Address 1100 CORAL WAY CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



02232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0284455	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PORTUONDO, SYLVIA
1100 CORAL WAY
CORAL GABLES, FL 33134

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTUONDO, SYLVIA 1100 CORAL WAY CORAL GABLES, FL 33134
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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 Sylvia Portuondo Sylvia Portuondo 3/23/05 7862052220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #