


FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # S77298 1. Entity Name SEGOVIA LAKES INVESTMENTS, INC.			
Principal Place of Business 395 ALHAMBRA CIRCLE #200 CORAL GABLES, FL 33134		Mailing Address 395 ALHAMBRA CIRCLE #200 CORAL GABLES, FL 33134	
DO NOT WRITE IN THIS SPACE			
		01062004 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-3086575	
		Applied For Not Applicable	
6. Name and Address of Current Registered Agent DE ONA, JORGE V. 395 ALHAMBRA CIR #200 CORAL GABLES, FL 33134		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D DE SAYROLS, MARIA LUISA 395 ALHAMBRA CIR CORAL GABLES, FL		U000000106747 04/08/04-80028-001 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D DE ONA, JORGE A. 395 ALHAMBRA CIR CORAL GABLES, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP D SAYROLS, LUIS 395 ALHAMBRA CIR CORAL GABLES, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP D SAYROLS, RAUL L. 395 ALHAMBRA CIR CORAL GABLES, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP D DE ONA, JORGE V. 395 ALHAMBRA CIR CORAL GABLES, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		3/22/04 305-4421256	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	