


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 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
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02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3086575	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DE ONA, JORGE V. 395 ALHAMBRA CIR #200 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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 DE SAYROLS, MARIA LUISA 395 ALHAMBRA CIR CORAL GABLES, FL
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	

<p>U00000226859 02/12/05-80032-019 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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)(f), 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>Jose de Ona - Vice-President</u> 2-10-05 - 305-442-1256	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		