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Jun 13, 2006 8:00 am
Secretary of State
05-04-2006 90249 002 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S77298

1. Entity Name
SEGOVIA LAKES INVESTMENTS, INC.

Principal Place of Business	Mailing Address
395 ALHAMBRA CIRCLE #200 CORAL GABLES, FL 33134	395 ALHAMBRA CIRCLE #200 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01132008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3086575
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE ONA, JORGE V.
395 ALHAMBRA CIR
#200
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: _____ DATE
(Required, if typed name of appointed Agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE SAYROLS, MARIA LUISA
STREET ADDRESS	395 ALHAMBRA CIR
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D
NAME	DE ONA, JORGE A
STREET ADDRESS	395 ALHAMBRA CIR
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D
NAME	DE ONA, JORGE V
STREET ADDRESS	395 ALHAMBRA CIR
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D
NAME	SAYROLS, RAUL L.
STREET ADDRESS	395 ALHAMBRA CIR
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D
NAME	DE ONA, JORGE V.
STREET ADDRESS	395 ALHAMBRA CIR
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 6/8/06 305-442-1256
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #