

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90088 049 \*\*\*150.00

**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

40002733



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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

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, 2007 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	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Maria Luisa De Sayrols*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #