


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

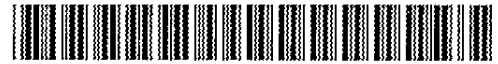
**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 218831**  
 1. Entity Name  
**HOSPITALITY OPERATIONS, INC.**



Principal Place of Business 1508 SAN IGNACIO AVE 150 CORAL GABLES, FL 33146 US	Mailing Address 2800 SW 28TH TERR MIAMI, FL 33133 US
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**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0865186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 WOLFSON, BERNARD  
 1500 SAN REMO AVE  
 STE 125  
 CORAL GABLES, FL 33146

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**


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

U00000037196  
 02/06/04-80082-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WOLFSON, BERNARD 3165 VIA ABITARE COCONUT GROVE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WOLFSON, JESSIE F 3165 VIA ABITARE COCONUT GROVE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP WOLFSON, HOWARD 2800 SW 28TH TERR. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/2/04** Daytime Phone #: **305-661-1230**