


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90010 048 \*\*\*150.00

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



Principal Place of Business      Mailing Address  
**1508 SAN IGNACIO AVE**      **2800 SW 28TH TERR**  
**150**      **MIAMI, FL 33133 US**  
**CORAL GABLES, FL 33146 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

**WOLFSON, BERNARD**  
**1500 SAN REMO AVE**  
**STE 125**  
**CORAL GABLES, FL 33146**

**40030677**



01232007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-0865186**       Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS      11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	WOLFSON, BERNARD		
3471 MAIN HIGHWAY VILLA 929	COCONUT GROVE, FL 33133		
SD	WOLFSON, JESSIE F		
3471 MAIN HIGHWAY VILLA 929	COCONUT GROVE, FL 33133		
DVP	WOLFSON, HOWARD		
2800 SW 28TH TERR.	MIAMI, FL 33133		

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: *Bernard Wolfson*      3/1/07      305-661-1230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #