


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90334 010 ***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

2650 SW 27 Avenue **P.O. Box 330218**

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

Suite 300

City & State City & State

miami, FL **miami, FL**

Zip Country Zip Country

33133 US **33233 US**

40000000



02282008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

59-0865186 Not Applicable

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

WOLFSON, BERNARD Name
1500 SAN REMO AVE Street Address (P.O. Box Number is Not Acceptable)
STE 125
CORAL GABLES, FL 33146 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFSON, BERNARD		NAME		
STREET ADDRESS	3471 MAIN HIGHWAY VILLA 929		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFSON, JESSIE F		NAME		
STREET ADDRESS	3471 MAIN HIGHWAY VILLA 929		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFSON, HOWARD		NAME		
STREET ADDRESS	2800 SW 28TH TERR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 4/24/08 305-446-0852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #