2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Country Zip Country Zip Country S. Cartilicate of Status Desired \$8.75 Additional Fee Required \$8.75 Additiona	DOCUMENT # 267163 1. Entity Name SUEZ MOTEL, INC.							Feb 12, 2004 08:00 AM Secretary of State				
Supple Apr. 4, etc. Suite	13850 STIRL		1385	STIRLING RD)							
City & State Country Zip Country S. Certificate of Status Desired 8. The Address of Current Registered Agent T. Name and Address of New Registered Agent DANIELS, NICHOLAS M C/O THERREL BAISDEN P.A. ONE SE THIRD AVE., SUITE 2400 MIAMI F.L. 33131 City Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named critity submits this statement for the outpools of changing its registered dipon. or both, in the State of Prode. I am familiar with, and accepted of registered agent. Signalus, incide present agent and agent and statement for the outpools of Changing its registered office or registered agent. Signalus, incide present agent and address of Changing its registered office or registered agent. Signalus, incide present agent and address of Changing its registered office or registered agent. Signalus, incide present agent and address of Changing its registered agent. Signalus, incide present agent agent and address of Changing its registered agent. Signalus, incide agent agent agent agent and address of Changing its registered agent. Signalus, incide agent agent agent agent and address of Changing its registered agent. Signalus, incide agent agent agent agent agent and address of Changing its registered agent. Signalus, incide agent age	2. Principal P	tace of Busin	3. Mailing Address									
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S. Certificate or Status Letterids Fee Required	City & State						····	4. F	59-0999695		Not Applicable	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and account the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00	C/O THERREL BAISDEN P.A. ONE SE THIRD AVE., SUITE 2400							(P.O. B	lox Number is Not Acceptable)	FI Zip C	ode	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 11. ITILE ILLCAS, RUTH K STREET ADDRESS CITY ST- 2P SOUTH-WEST RANCHES FL 33330 ITILE D ULCAS, FRANCES W STREET ADDRESS STREET ADDRESS CITY ST- 2P SOUTH-WEST RANCHES FL 33330 ITILE D ULCAS, ROBERT STREET ADDRESS CITY ST- 2P OUTH-ST- 2P SOUTH-WEST RANCHES FL 33330 ITILE D ULCAS, ROBERT STREET ADDRESS CITY ST- 2P SOUTH-WEST RANCHES FL 33330 ITILE D ULCAS, ROBERT STREET ADDRESS CITY ST- 2P SOUTH-WEST RANCHES FL 33330 ITILE D ULCAS, ROBERT STREET ADDRESS CITY ST- 2P SOUTH-WEST RANCHES FL 33330 ITILE D ULCAS, ROBERT STREET ADDRESS CITY ST- 2P SOUTH-WEST RANCHES FL 33330 ITILE D Change Add Add STREET ADDRESS CITY ST- 2P SOUTH-WEST RANCHES FL 33330 ITILE D Change Add Add Add Change Add Add Add Change Add Add Add Change Add Add Add Change Add Add Change Add Add Change Add Add Change Add Add Add Add Add Change Add Add Add Change Add Add Add Add Change Add Add Add Change Add Change Add Change Add Change Add Change Add Add Add Change Add Add Change Add Add Change Add Add Add Change Add Add Add Change Add Add Change Add Change Add Add Add Change Add Add Add Change Add Add Add Change Chang	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											
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