


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 455296
1. Entity Name
ROSEN HOTELS AND RESORTS, INC.



Principal Place of Business Mailing Address
9840 INTERNATIONAL DR 9840 INTERNATIONAL DR
ORLANDO, FL 32819 US ORLANDO, FL 32819-8237 US

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1536217	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSEN, HARRIS
7600 INTERNATIONAL DR.
ORLANDO, FL

**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 _____ 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

U000000029462
02/04/04-80067-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSEN, HARRIS 7600 INTERNATIONAL DRIVE ORLANDO, FLORIDA 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOOHEY, GARRITT 9840 INTERNATIONAL DRIVE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANTOS, FRANK 9840 INTERNATIONAL DRIVE ORLANDO, FL 32819
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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Frank Santos* 1/21/04 407-996-9840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #