2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 01, 2005 08:00 AM Secretary of State **DOCUMENT # 469774** 1. Entity Name SELF-SERV INNS. INC. Principal Place of Business Mailing Address 5001 NW 36TH ST. 5001 NW 36TH ST. MIAMI SPG, FL 33166 MIAMI SPG, FL 33166 No Chg-P CR2E034 (10/03) 02232005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1828098 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRENTNER, CHARLES G. DO NOT WRITE 5001 NW 36 ST MIAMI, FL 33166 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent eignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS MALE MAME GRENTNER, CHARLES G U00000283730 5001 NW 36 ST. STREET ADDRESS 04/01/05-80037-012 150.00 CITY-ST-ZP MIAMI, FL 33166 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE C1Y-51-ZP TITEE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 05Y-5T-7P TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 of the corporation or the receiver changed, or on an attachment ye

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED