

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 12, 2005 8:00 am**  
**Secretary of State**

08-12-2005 90002 019 \*\*\*550.00

**DOCUMENT # F96000002823**  
 1. Entity Name  
 CORAL GABLES FLORIDA HOTEL CORP.



Principal Place of Business: 14185 DALLAS PKWY SUITE 1150 DALLAS, TX 75254  
 Mailing Address: 14185 DALLAS PKWY SUITE 1150 DALLAS, TX 75254

JUUD1206



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

06292005 Chg-P CR2E034 (10/03)

City & State: City & State

4. FEI Number: 65-0667014  
 Applied For: Not Applicable

Zip: Zip Country: Country

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**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE, FL 32301

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 \$550.00**  
**Due by September 7, 2005**

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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	FISHER, RICHARD L	
STREET ADDRESS	299 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	EDELMAN, MARTIN L	
STREET ADDRESS	280 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KIMICHIK, DAVID	
STREET ADDRESS	14180 DALLAS PKWY	
CITY-ST-ZIP	DALLAS, TX 75240	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROOKS, DAVID A	
STREET ADDRESS	14180 DALLAS PKWY	
CITY-ST-ZIP	DALLAS, TX 75240	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LELAND, MARC	
STREET ADDRESS	1001 19TH STREET N	
CITY-ST-ZIP	ARLINGTON, VA 22209	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENNETT, MONTY	
STREET ADDRESS	14180 DALLAS PKWY	
CITY-ST-ZIP	ARLINGTON, VA 75240	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Monty Bennett 7/27/05 972-778-9271  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #