## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 16, 2004 8:00 am Secretary of State

DOCUMENT # F9800002841  1. Entity Name DESERT HOTEL CORP.  Principal Place of Business  Mailing Address					02-16-2004 90041 042 ***150.00				
% AVR, ONE Yonkers, Ny	EXECUTIVE BLVD. / 10701	% AVR, ONE EXECUTIVE YONKERS, NY 10701	BLVD.		I <b>enn</b> eend die	<b>.</b> (\$184 1841) 88171 8 <b>5</b> 111 1	<b>91</b> 74 <b>71</b> 111 <b>11</b> 74 <b>4</b> 1	<b></b>	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02032004	Chg-P	CR2E0	34 (10/03)	
City & State		City & State			4. FEI Numb 13-362			No	oplied For of Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New	Registered /	Agent	
COPPOR		- · · · · · · · · · · · · · · · · · · ·	Name			• -			·
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street Ac	ddress (f	s (P.O. Box Number is Not Acceptable)				
.,	,522,12 52501 2525								
			City				FL	Zip Cod	e
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	egistered office or	register	ed agent, or bo	th, in the State of	Florida. 1 am	familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable (NOTE)					DATE		
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04

9/4-965-39 Daytirle Phone #