



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90031 037 ***150.00

DOCUMENT # F98000005818					
1. Entity Name CAMINO HOTEL MANAGEMENT CORPORATION					
Principal Place of Business 1100 LINTON BLVD., STE C-9 DELRAY BEACH, FL 33444			Mailing Address 1100 LINTON BLVD., STE C-9 DELRAY BEACH, FL 33444		
2. Principal Place of Business 1001 E. Atlantic Ave. Suite, Apt. #, etc. Suite 202 City & State Delray Beach, FL Zip 33483 Country US		3. Mailing Address 1000 Market Street Suite, Apt. #, etc. Bldg. One, Suite 300 City & State Portsmouth, NH Zip 03801 Country US			
4. FEI Number 58-2494202		01212004 Chg-P CR2E034 (10/03)			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, MARK 1100 LINTON BLVD., STE C-9 DELRAY BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1601 E. Atlantic Ave. Suite 202 Delray Beach, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSH, MICHAEL 1100 LINTON BLVD., STE C-9 DELRAY BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1001 E. Atlantic Ave. Suite 202 Delray Beach, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEANE, THOMAS 1100 LINTON BLVD., STE C-9 DELRAY BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000 Market Street Bldg. One, Suite 300 Portsmouth, NH 03801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADE, RICHARD C 1100 LINTON BLVD., STE C-9 DELRAY BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000 Market Street Bldg. One, Suite 300 Portsmouth, NH 03801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CRITCHFIELD, RICHARD H 1100 LINTON BLVD., STE C-9 DELRAY BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1001 E. Atlantic Ave. Suite 201 Delray Beach, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Mark Walsh</i> <i>Mark Walsh</i> <i>2/4/2004</i> <i>(561) 279-9900</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					