2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2006 08:00 AN Secretary of State

Daytime Phone #

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1. Entity Nam	MENT # L56137 ASADA GRAN HOTEL, INC.	· ·					of State
Principal Plac ONE S.W. 12 MIAMI, FL 3		Mailing Address 1212 SW 2 STREET MIAMI, FL 33135	,				
C	OO NOT WRITE	CE	01122006 No Chg-P CR2E034 (11/05) 4. FEI Number				
3411 SW MIAMI, FL	33145	DO NOT WRITE IN THIS SPACE					
8. The above the obligat SIGNATURE	named entity submits this statement for the ions of registered agent. Signature, typed or profed name of registered agent and	2	ed office or register		th, in the State of Fic	orida. I am familia	r with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 OFFICERS AND DI	_}		.00 May Be led to Fees			· · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, CONCEPTION 3411 SW 16 TERR MIAMI, FL 33145	ALCO ONS	Service Control of the Control of th	. together w	U000 05/02/0	00518403 06-80011-	005 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W THIS SF		
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE							
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby c indicated of the corr changed,	erify that the information supplied with thi on this report of supplemental report is to obration or the receiver or trustee empowe or on an atternment with an address, wif	s filing does not qualify for the exe le and accurate and that my signat ered to execute this report as required all other (see ampowered.	emptions contained ure shall have the s red by Chapter 607	in Chapter 119 same legal effec Florida Statute	, Florida Statutes, I t as if made under c s; and that my name	further certify that lath; that I am an o appears in Block	t the information officer or director < 10 or Block 11 if
944,		110		5	iliz la		

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: