## 2004 FOR PROFIT CORPORATION

## FILED Feb 07, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L70108 1. Entity Name ROSÉN HOTEL, INC. Principal Place of Business Mailing Address 9840 INTERNATIONAL DRIVE 9840 INTERNATIONAL DRIVE ORLANDO, FL 32819 US ORLANDO, FL 32819 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3006109 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SANTOS, FRANK 9840 INTERNATIONAL DRIVE ORLANDO, FL 32819 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ROSEN, HARRIS NAME STREET ADDRESS % 7600 INTERNATIONAL DR ORLANDO, FL 32819 CITY-ST-7IP U00000039733 02/09/04-80017-021 150.00 TITLE TOOHEY, GARRITT NAME STREET ADDRESS 9840 INTERNATIONAL DRIVE CITY-ST-ZIP ORLANDO, FL 32819 TITLE SANTOS, FRANK NAME 9840 INTERNATIONAL DRIVE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ORLANDO, FL 32819 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; 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.

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TITLE NAME STREET ADDRESS CITY-SY-ZIP

> D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE

1/21/04

407-996-9840

Date

Daytime Phone #