


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90011 038 \*\*\*150.00

<b>DOCUMENT # P01000113473</b>		
1. Entity Name <b>FLORIDA HOTELMANAGEMENT INTERNATIONAL, INC.</b>		
Principal Place of Business <b>1677 COLLINS AVENUE MIAMI BEACH FL 33139</b>		Mailing Address <b>C/O MILLER &amp; WEBNER, P.A. P.O. BOX 266947 WESTON FL 33326</b>
2. Principal Place of Business - No P.O. Box # <b>3025 Collins Avenue</b>		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>Miami Beach, FL</b>		City & State
Zip <b>33140</b>	Country	Country
4. FEI Number <b>65-0760731</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required



1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent <b>MILLER, REBECCA M 2442 POINCIANA COURT WESTON FL 33327</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		<b>FL</b>	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)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRAUSE, HANS-JOACHIM</b> <b>3025 COLLINS AVENUE</b> <b>MIAMI BEACH FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <b>Hans-Joachim Krause</b> <b>3025 Collins Avenue</b> <b>Miami Beach, FL 33140</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRAUSE, URSULA M</b> <b>3025 COLLINS AVENUE</b> <b>MIAMI BEACH FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ursula Krause</b> <b>3025 Collins Avenue</b> <b>Miami Beach, FL 33140</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D/S/T</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEYER, NICOLA</b> <b>3025 COLLINS AVENUE</b> <b>MIAMI BEACH FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V</b> <b>Nicola Meyer</b> <b>3025 Collins Avenue</b> <b>Miami Beach, FL 33140</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JANZON, KATJA</b> <b>3025 COLLINS AVENUE</b> <b>MIAMI BEACH FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V</b> <b>Katja Janzon</b> <b>3025 Collins Avenue</b> <b>Miami Beach, FL 33140</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  **Hans-Joachim Krause** (954) 385-9030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #