2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P95000049202 FLORIDA HOTEL CORPORATION 04-29-2004 90268 020 ***158.75 Principal Place of Business Mailing Address 208 WEST 23RD STREET 208 WEST 23RD STREET #1800 #1800 NEW YORK, NY 10011 NEW YORK, NY 10011 2. Principal Place of Business Mailing Address BELLEVUE AVENUE BELLEVUE AVENUE 601 60(Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For NEWPORT 65-0595272 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 02840 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZARRILLI, KENNETH F JR Street Address (P.O. Box Number is Not Acceptable) C/O SAIZ,1439 WEST AVENUE #503 MIAMI BEACH, FL 33139 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** PSD TITLE Change Delete TITLE ☐ Addition KENNETY F. ZARRILLI ZARRILLI, KENNETH F JR. NAME NAME 601 BELLEVUE AVENUE STREET ADDRESS 208 WEST 23RD STREET, #1800 STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10011 NEW PORT, RI,02840 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change ZARRILLI, MICHAEL NAME NAME 208 WEST 23RD STREET, #1800 STREET ADDRESS STREET ADDRESS CITY-ST-7IP NEW YORK, NY 10011 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TETE F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

401 855 0252

Daytime Phone #