


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000056556	
1. Entity Name MIAMI CONVENTION HOTEL CORP.	

Principal Place of Business 200 SOUTHEAST 2ND AVE MIAMI, FL 33131 US	Mailing Address C/O AVR ONE EXECUTIVE BLVD YONKERS, NY 10701 US
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DO NOT WRITE IN THIS SPACE



05292007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3961032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BLUMBERG EXCELSIOR CORPORATE SERVICES, INC
4435 OLD WINTER GARDEN RD.
ORLANDO, FL 32802

**DO NOT WRITE
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) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHEIKES, VICKI G 60 EAST 42ND STREET #1411 NEW YORK, NY 10165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST IDE, FRED ONE EXECUTIVE BLVD YONKERS, NY 10701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSE, ALLAN V 1 EXECUTIVE BLVD YONKERS, NY 10701
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06/20/07-80005-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **6-6-07** **318-352-8238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #