


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000078007  
 1. Entity Name  
 INNS OF COURT II, INC.



Principal Place of Business  
 6101 SW 76 STREET  
 MIAMI, FL 33143

Mailing Address  
 6101 SW 76 STREET  
 MIAMI, FL 33143

**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0780682	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RUSSO, ELIZABETH  
 6101 S.W. 76 ST  
 MIAMI, FL 33143

**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)  
 Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U000000903167  
 04/30/08-80035-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D RUSSO, ELIZABETH K 6101 SW 76 STREET MIAMI, FL 33143
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**DO NOT WRITE 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: *Elizabeth Russo* 4.14.08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #