

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000051415

1. Entity Name
PRESIDENTIAL SUITES INVESTMENTS-I GP, INC.



Principal Place of Business

**2875 NE 191ST STREET
SUITE 400
AVENTURA, FL 33180**

Mailing Address

**2875 NE 191ST STREET
SUITE 400
AVENTURA, FL 33180**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1028874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GORDON, MARK J
2875 NE 191ST ST.
STE. 400
AVENTURA, FL 33180**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GORDON, MARK J
STREET ADDRESS 2875 NE 191ST ST., STE. 400
CITY-ST-ZIP MIAMI, FL 33180

TITLE D
NAME EPSTEIN, DAVID
STREET ADDRESS 1200 S. PINE ISLAND RD., SUITE 200
CITY-ST-ZIP PLANTATION, FL 33324

TITLE D
NAME MONDRE, RICHARD D
STREET ADDRESS 1200 S. PINE ISLAND RD., SUITE 200
CITY-ST-ZIP PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000226130
02/14/05-80001-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #