


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90099 037 \*\*\*150.00

**DOCUMENT # P01000048851**  
 1. Entity Name  
**ANGUILLA HOTEL CORP.**



Principal Place of Business  
**189-11 COLLINS AVE - OCEAN III  
 1101  
 SUNNY ISLES BEACH, FL 33160**

Mailing Address  
**C/O MARVIN KIRSCHENBAUM  
 1313 THIRD AVENUE 2 FLOOR  
 NEW YORK, NY 10021-2934 US**

**50022813**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01262005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**65-1119575**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SILVERBERG, STEVE  
 189-11 COLLINS AVE - OCEAN III  
 2108  
 SUNNY ISLES BEACH, FL 33160**

**7. Name and Address of New Registered Agent**

Name  
**SILVERBERG, STEVE**

Street Address (P.O. Box Number is Not Acceptable)  
**189-11 COLLINS AVENUE - OCEAN III**

City  
**SUNNY ISLES BEACH, FL**

Zip Code  
**33160**

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]* DATE **2/25/2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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          | PD <input type="checkbox"/> Delete |
| NAME           | STEVE, SILVERBERG                  |
| STREET ADDRESS | 189-11 COLLINS AVENUE - OCEAN III  |
| CITY-ST-ZIP    | SUNNY ISLES BEACH, FL 33160        |
| TITLE          | <input type="checkbox"/> Delete    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY-ST-ZIP    |                                    |
| TITLE          | <input type="checkbox"/> Delete    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY-ST-ZIP    |                                    |
| TITLE          | <input type="checkbox"/> Delete    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY-ST-ZIP    |                                    |
| TITLE          | <input type="checkbox"/> Delete    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY-ST-ZIP    |                                    |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| 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 lives empowered.

SIGNATURE: *[Signature]* DATE: **2/25/2005** DAYTIME PHONE #: **(212) 717-5360**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR