


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90011 038 ***150.00

DOCUMENT # P01000113473	
1. Entity Name FLORIDA HOTELMANAGEMENT INTERNATIONAL, INC.	

Principal Place of Business 1677 COLLINS AVENUE MIAMI BEACH FL 33139	Mailing Address C/O MILLER & WEBNER, P.A. P.O. BOX 266947 WESTON FL 33326
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2. Principal Place of Business - No P.O. Box # 3025 Collins Avenue	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State Miami Beach, FL	City & State
Zip 33140	Country

4. FEI Number 65-0760731	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MILLER, REBECCA M 2442 POINCIANA COURT WESTON FL 33327	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ DATE _____
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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUSE, HANS-JOACHIM <input type="checkbox"/> Delete 3025 COLLINS AVENUE MIAMI BEACH FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUSE, URSULA M <input type="checkbox"/> Delete 3025 COLLINS AVENUE MIAMI BEACH FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, NICOLA <input type="checkbox"/> Delete 3025 COLLINS AVENUE MIAMI BEACH FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANZON, KATJA <input type="checkbox"/> Delete 3025 COLLINS AVENUE MIAMI BEACH FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hans-Joachim Krause 3025 Collins Avenue Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ursula Krause 3025 Collins Avenue Miami Beach, FL 33140 D/S/T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D/V Nicola Meyer 3025 Collins Avenue Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D/V Katja Janzon 3025 Collins Avenue Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Hans-Joachim Krause** (954) 385-9030

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