2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #211085

1. Entity Name

BARTON HOTEL CORPORATION



FILED Apr 20, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

740 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33316 740 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33316



01152007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-0838321

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIEGELSEN, JOSEPH 740 S. ANDREWS AVENUE FORT LAUDERDALE, FL 33316

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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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Final Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	PD				
NAME	BIEGELSEN, JOSEPH Z.				
STREET ADDRESS	740 S. ANDREWS AVENUE				
CITY-ST-ZIP	FT LAUDERDALE, FL				
TITLE	VSD				
NAME	BIEGELSEN, JEFFREY P.				
STREET ADDRESS	740 S. ANDREWS AVENUE				
CITY-ST-ZIP	FT LAUDERDALE, FL				
	FI LAUDERDALE, FL		_		
TITLE					
NAME					
STREET ADDRESS				DO	NOT WRITE
CITY-ST-ZIP				DO	NOT WILL
TITLE				INI "	THIS SPACE
NAME				11.4	I IIIO SPACE
STREET ADDRESS					
CITY-SI-ZIP					

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:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATORE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

JEFFREY P. BIEGELSENAPR 1 6 2007

954-463-6581

Date

Daytime Phone *

U00000720200

05/01/07-80094-021 150.00