2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Apr 13, 2005 08:00 AN Secretary of State DOCUMENT # 327901 1. Entity Name WINWOOD MOTOR LODGE INC Principal Place of Business Mailing Address 505 SOUTHEAST 18 STREET FT LAUDERDALE FL 33316 505 SOUTHEAST 18 STREET FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-1233489 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FARRUGIA, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 505 SE 18TH ST FORT LAUDERDALE FL 33316 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Totale Change Addition FARRUSIA, MARY NAME NAME 505 SE 18TH ST STREET ADDRESS STREET ADDRESS 04/13/05-80040-021 150.0G FORT LAUDERDALE FL 33315 CULY ST - 7IP CITY-ST-ZIP Change DILLE ☐ Delete DEF Addition FARRUGIA, WILLIAM JOSEPH NAME NAME STREET ADDRESS 505 SE 18TH ST STREET ADDRESS CHTY - ST - ZeP FORT LAUDERDALE FL CITY-ST ZIP TITLE [] Change Шь ☐ Delete Addition NAME NAME FARRUGIA, MARY E STREET ADDRESS 505 S.E. 18TH ST. STREE" ADDRESS CHY-ST ZIE FORT LAUDERDALE FL CITY-ST-ZIP THUE Change Addition Delete FARRUGIA, MARY E NAM: NAME 505 S.E. 18TH ST. STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP CITY ST ZiP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TOTALE Delete THE Addition

12. Thereby 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 like empowered changed, or on an attachment with an address

NAM:

STREET ADDRESS

CHY-S!-ZIP

NAME

STREET ADORESS

CITY ST ZIP