## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 10, 2006 08:00 AM **Secretary of State DOCUMENT # 403948** t. Entity Name EXPÓ MOTEL, INC. Principal Place of Business Mailing Address 1222 NE 4TH AVENUE 310 GRANT ST HOLLYWOOD, FL 33019 FORT LAUDERDALE, FL 33304 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1469279 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LABOSSIERE, MARC DO NOT WRITE 1222 NE 4TH AVE FORT LAUDERDALE, FL 33304 IN THIS SPACE 6. 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. INOTE Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. WILE RACINE, RAYNALD NAME 310 GRANT STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 TITLE RACINE, HELENE NAME STREET ADDRESS 310 GRANT STREET HOLLYWOOD, FL 33019 CITY-ST-ZIP HQQQQQS01397 TITLE 104/25/06-80060-018 150,00 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 an other like empowered.

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SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

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