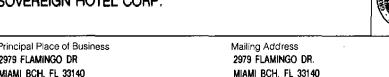
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

410558 **DOCUMENT #**

1. Entity Name SOVEREIGN HOTEL CORP.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90231 001 ***150.00

				VOO WE TE						
Principal Place 2979 FLAMING MIAMI BCH. F US		Mailing Address 2979 FLAMINGO DR. MIAMI BCH. FL 33140 US								
2. Principal Place of Business		3. Mailing Address				1 KARIKI DIBAN KIDIN 50 00 BKIDI DIR	OLOBOT CHEM	DIOIC BIOIC GLOS		
Suite, Apt. #, etc.		Suite-Apt-#reto			<u></u>	CHECK:HERE	E-MAKIN	G CHANGES		
City & State		City & State			4.	FEI Number 59-1417187			pplied For	7
Zip	Country	Zip	Zip Counti		5.	5. Certificate of Status Desired S8.75 Addi			ditional	1
	6. Name and Address of Current F	l		_		Name and Address of New R	enistered		-	┨
		egiotolog Agom		Name		italic and Address of Item	-gibio.ou	r.go		┨
SAND, JU	LIUS MINGO DR				ddress (P.O. Box Number is Not Acceptable)					
										1
, MIAMI BE	ACH FL 33140					<u> </u>	FI	Zip Cod	le	1
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing it	ts register	ed office or regist	tered ag	ent, or both, in the State of Flo	rida. I am	familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent ar	d title if applicable. (NC	TE: Registere	d Agent signature requi	ired when re	einstating)	DATE			
						<u> </u>				4
After	ILE NOWILL FEE IS \$150.00					- 9. Election Campaign Fin Trust Fund Contribution			00 May Be d to Fees	
10.	OFFICERS AND D	DIRECTORS	11.		ΑΓ	DDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTOR	S IN 11	1
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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 like empowered.

SIGNATURE: