## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

| 1. Entity Nam   | MENT # 469304<br>EE HOTEL, INCORPORATI  |  |                            | Sec.                                | retary of State           |   |
|---|---|--|----------------------------|-------------------------------------|---------------------------|---|
| Principal Place<br>2479 W. 1ST<br>HIALEAH, FL   |   | Mailing Address<br>2479 W. 1ST AVE.<br>HIALEAH, FL 33010 |                            | I COMPANI METERIA                   | ANGA IBIKA ING PRIKAPA P  | R'i Bigil Bibil Bibil Kiyi Bibilabi ii byl                                  |
| E   | O NOT WRITE   | IN THIS SPA  | CE                         | 03292005<br>4. FEI Numbe<br>59-1838 | No Chg-P                  | CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required |
|   | 6. Name and Address of Current  | Registered Agent   |                            |                                     |                           |   |
| RODRIGUEZ, YFRAĤIN<br>15651 HUNTRIDGE RD.<br>DAVIE, FL 33331  |   |  | DO NOT WRITE IN THIS SPACE |                                     |                           |   |
| 8. The above  | named entity submits this statement for   | or the purpose of changing its register                  | ed office or regist        | ered agent, or boti                 | n, in the State of Florid | la. I am familiar with, and accept  |
| SIGNATURE   |   |  |                            |                                     |                           |   |
|   | Signature, typed or printed name of registered agent  | and title if applicable. (NOTE Registers                 | ed Agent signature requir  | ed wheo reinstating)                |                           | DATE  |
| FIL<br>After Ma   | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.0  | 9. Election Campaign Fina<br>Trust Fund Contribution.    | ncing \$8                  | 5.00 May Be<br>ided to Fees         |                           |   |
| 10.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP | OFFICERS AND PSD RODRIGUEZ, MIRTELINA 86 W. 25TH ST. HIALEAH, FL 33010 VPD RODRIGUEZ, YFRAHIN 15651 HUNTRIDGE RD. DAVIE, FL 33331 | DIRECTORS  |                            | DO                                  | — Unnonos<br>(14/16/05-81 | 09164<br>0026-016 150.00<br>RITE  |
| TITLE NAME STREET ADDRESS   | TLE AME   |  | IN THIS SPACE              |                                     |                           |   |

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 eath; 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: 1972

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRE

305.888-2550