



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90027 018 ***150.00

DOCUMENT #674192 1. Entity Name ALL FLORIDA HOSPITALITY MANAGEMENT, INC.			
Principal Place of Business % BERNARD OLIN 1320 S DIXIE HWY, STE 820 CORAL GABLES, FL 33146		Mailing Address % BERNARD OLIN 1320 S DIXIE HWY, STE 820 CORAL GABLES, FL 33146	
2. Principal Place of Business - No P.O. Box # 8000 SW 117 AVE		3. Mailing Address 8000 SW 117 AVE	
Suite, Apt. #, etc. SUITE 206		Suite, Apt. #, etc. SUITE 206	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33183		Zip 33183	
Country USA		Country USA	
6. Name and Address of Current Registered Agent MILLER, GERALD 300 71ST ST SUITE 635 MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1500 SE 17 ST CAUSEWAY City FT LAUDERDALE FL Zip Code 33316	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, GERALD 300 71ST #635 MIAMI BCH, FL 00000, 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1500 SE 17 ST CAUSEWAY FT. LAUDERDALE FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT MILLER, JACK 300 71ST #635 MIAMI BCH, FL 00000, 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1500 SE 17 ST CAUSEWAY FT LAUDERDALE FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		X/15/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	