2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#833825

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

1200 ANASTASIC AVE.

() Delete

1 DAG HAMMARSKJOLD PLAZA

CORAL GABLES, FL

KAY, ROBERT B.,

NEW YORK, NY

Entity Name: SEAWAY HOTELS CORPORATION

FILED Mar 09, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
	STASIC AVE. ABLES, FL 33134	US	1200 ANASTASIA AVE CORAL GABLES, FL		US	
Current Mailing Address:			New Mailing Address	New Mailing Address:		
	STASIC AVE. ABLES, FL 33134	US	1200 ANASTASIA AVE CORAL GABLES, FL		US	
FEI Number:	59-1581122 FEI	Number Applied For()	FEI Number Not Applicable ()	Certifi	cate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:		
PELLETIER, JIM 1200 ANASTASIC AVE. CORAL GABLES, FL 33134 US			PELLETIER, JIM 1200 ANASTASIA AVE CORAL GABLES, FL		US	
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.						
SIGNATUR	RE:				03/09/2004	
Electronic Signature of Registered Agent			t		Date	
Election Can	npaign Financing Trus	t Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TDC () Delet PRESCOTT, T. GENE BLDG #125 TYLER S PORT NEWARK, NJ	:,	Title: Name: Address: City-St-Zip:	() Change	e () Addition	
Title: Name:	ST () Delet	е	Title: Name:	() Change	e () Addition	

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM PELLETIER ST 03/09/2004

() Change () Addition