

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000002841

1. Entity Name
DESERT HOTEL CORP.



Principal Place of Business
% AVR, ONE EXECUTIVE BLVD.
YONKERS, NY 10701

Mailing Address
% AVR, ONE EXECUTIVE BLVD.
YONKERS, NY 10701

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3625322

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	ROSE, ALLAN V
STREET ADDRESS	ONE EXECUTIVE BLVD.
CITY-ST-ZIP	YONKERS, NY 10701
TITLE	V
NAME	CHEIKES, VICKI G
STREET ADDRESS	60 E. 42ND ST. #1411
CITY-ST-ZIP	NEW YORK, NY 10165
TITLE	S
NAME	IDE, FRED E
STREET ADDRESS	ONE EXECUTIVE BLVD.
CITY-ST-ZIP	YONKERS, NY 10701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U0000009358830
09/03/08-80004-016 550.00

**DO NOT WRITE
IN THIS SPACE**

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:

Frederick E. Ide FREDERICK E. IDE 8/26/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #