


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

DO NOT WRITE IN THIS SPACE



08262008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3625322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	CP ROSE, ALLAN V ONE EXECUTIVE BLVD. YONKERS, NY 10701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHEIKES, VICKI G 60 E. 42ND ST. #1411 NEW YORK, NY 10165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IDE, FRED E ONE EXECUTIVE BLVD. YONKERS, NY 10701
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 09/03/08-80004-016 550.00

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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 #