

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000003849

1. Entity Name
LUXURY HOTEL PUBLICATIONS, INC.



Principal Place of Business
**2655 S. LEJEUNE RD., STE. 703
CORAL GABLES, FL 33134 US**

Mailing Address
**2655 S. LEJEUNE RD., STE. 703
CORAL GABLES, FL 33134 US**



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0858576

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LAPIERRE, ARNAULD
1501 BRICKELL AVE., #B-2103
MIAMI, FL 33125**

**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 requesting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	LAPIERRE, ARNAULD
STREET ADDRESS	2655 S. LEJEUNE RD., STE. 703
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	VSTD
NAME	HERTZ, WILLIAM
STREET ADDRESS	2655 S. LEJEUNE RD., STE. 703
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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08/16/04-80007-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

ARNOLD LAPIERRE

8/1/04

(351)447-5492