


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000007070	
1. Entity Name AREH MIAMI HOTEL OPERATING CORP.	

Principal Place of Business 445 HAMILTON AVE SUITE 1210 WHITE PLAINS, NY 10601	Mailing Address 445 HAMILTON AVE SUITE 1210 WHITE PLAINS, NY 10601
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4039450	Applied For <input type="checkbox"/> 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

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 _____ (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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REESE, ALAN 445 HAMILTON AVE SUITE 1210 WHITE PLAINS, NY 10601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, WAYNE 445 HAMILTON AVE SUITE 1210 WHITE PLAINS, NY 10601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS SALDARELLI, JOHN P 445 HAMILTON AVE SUITE 1210 WHITE PLAINS, NY 10601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/09/08-80105-015 500.00

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: John P. Saldarelli **John Saldarelli** 3-17-08 (914) 614-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #