


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F99000005081 1. Entity Name WW LODGING, INC.	
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Principal Place of Business 1973 FRIENDSHIP DRIVE EL CAJON, CA 92020	Mailing Address 5847 SAN FELIPE 4650 HOUSTON, TX 77057
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07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 95-1503436	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  NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	V KLINGER, MICHAEL 141 GODFREY ROAD EAST WESTON, CT 06883
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEIDICH, DANIEL M 120 EAST END AVENUE, APT. 7A NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANGALJI, MOEZ 2 SMITHDALE ESTATES HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAUGHTON, KEVIN D 44 AMHERST ROAD PORT WASHINGTON, NY 11050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEIL, DAVID M 19 EAST 80TH STREET, APT. 8B NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THOWFEEL, MOHAMED 5847 SAN FELIPE #4650 HOUSTON, TX 77057

000000166347 07/15/04-80005-003 150.00
<b>DO NOT WRITE IN THIS SPACE</b>

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Mohamed Thowfeek 7/1/04 713-782-9100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CK# 100136