2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2008 8:00 am Secretary of State

DOCUMENT # G16604 1. Entity Name HOSPITALITY CONSULTANTS, INC.					04-18-2008	90039 01	6 ***130	J.00
Principal Place of Business 622 BANYAN TRAIL BOCA RATON, FL 33431 US	Mailing Address 622 BANYAN TRAIL BOCA RATON, FL 334	31 U	S			£ 318 (1) 3(2) (£ 8 18(1)	418(1 4(8 1) 814 (Mag: 11 Jga;
2. Principal Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.		*****	04162008	Chg-P	CR2E03	34 (12/06)		
City & State	& State City & State			4. FEI Number 59-2428	142			plied For t Applicable
Zip Country	Zip	Coun	try	5. Certificate o	f Status Desired		8.75 Add ee Require	
6. Name and Address of Current	Registered Agent	1		7. Name and A	ddress of New R	egistered A	gent	
COLDSTEIN DODEDT N			Name					
GOLDSTEIN, ROBERT N. 622 BANYAN TRAIL BOCA RATON, FL 33431			Street Address (P.O. Box Number	is Not Acceptable	э)		
555, (15 (15 (15 (15 (15 (15 (15 (15 (15 (15								
			City			FL	Zip Cod	e
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	s register	ed office or register	red agent, or both	, in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURESignature, typed or printed name of registered agent a	ind title if applicable. (NOT	TE: Registere	d Agent signature required	d when reinstating)		DATE	•	<u> </u>
		- •						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.0	9. Election Campa Trust Fund Con	aign Finar		.00 May Be led to Fees				^ , ^ 1, <u></u>
After May 1, 2008 Fee will be \$550.0	Trust Fund Con	aign Finar		.00 May Be ed to Fees	HANGES TO OFF		DIRECTOR:	S IN 11
40. OFFICERS AND TITLE PD	Trust Fund Con	aign Finar tribution.	E Add	.00 May Be ed to Fees	HANGES TO OFF		DIRECTOR:	S IN 11
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Interest centry that the information supplies with rins litting does not quality 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: ALLE ROBERT N. GOLOSTEN
AFURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR