2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2006 08:00 AM DOCUMENT # H75790 Secretary of State 1. Entity Name HOTEL CONCEPTS IN CONSTRUCTION, INC. Principal Place of Business Mailing Address 821 NE 123 ST N MIAMI FL 33161 US 821 NE 123 ST N MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. If, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2610096 Not Applicat Zφ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MERCER, RICKERT A Street Address (P.O. Box Number is Not Acceptable) 821 NE 123 ST. NORTH MIAMI FL 33161 Zip Code City 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 accethe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and lifte if appaicable (MOTE Registered Agent signature required when remaining) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 7 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete THE _ □ Af€1 NAME MERCER, RICKERT A. MAME STREET ADDRESS 5311 SW 88TH TERR STREET ADDRESS CITY-ST-ZIP COOPER CITY FL City St-ZIP U00000421629 02/16/06-80045-024**19000** □ ☐ Delete TITLE MAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Detete ☐ Add NAME NAME STREET ADDRESS STRUCK CAUDRESS CITY-ST-ZIP OLTY-ST-ZIP Delete 33115 ☐ Change Arr. NAME STREET ADDRESS STREET ADDRESS City-St-70 CITY-ST-ZIF TITLE ☐ Delete ☐ Change □ 4. ···· NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Dolete 7571.2 ☐ Change ☐ Act NAME NAM STREET ADDRESS STREET ADDRESS City-St-Zip CITY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

-Rickert Layeren

RICKERT A. MERCER

2-406 305.891-2625

FILED