


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

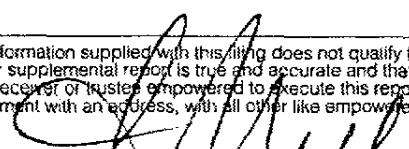
|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # J12406</b>  |   |                                    |   |
| 1. Entity Name<br><b>FLORIDA INTERNATIONAL RESTAURANT &amp; HOTEL EXPOSITION, INC.</b>  |   |   |   |
| Principal Place of Business<br><b>3354 17TH ST<br/>SARASOTA FL 34235<br/>US</b>   |   | Mailing Address<br><b>3354 17TH ST<br/>SARASOTA FL 34235<br/>US</b>   |   |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |
| City & State  |   | City & State  |   |
| Zip   | Country   | Zip   | Country   |
| 6. Name and Address of Current Registered Agent<br><b>MANDELL, TODD<br/>3354 17TH ST<br/>SARASOTA FL 34235</b>  |   | 4. FEI Number<br><b>59-2746630</b>  |   |
|   |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
|   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                     |   |
|   |   | 7. Name and Address of New Registered Agent   |   |
|   |   | Name  |   |
|   |   | Street Address (P.O. Box Number is Not Acceptable)  |   |
|   |   | City  |   |
|   |   | <b>FL</b> Zip Code  |   |
| 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 _____   |   | DATE _____  |   |
| <small>Signature, typed or printed name of registered agent and title if applicable</small>   |   | <small>(NOTE: Registered Agent signature required when reinstating)</small>   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CD<br>MANDELL, SAUL<br>3354 17TH STREET<br>SARASOTA FL 34235 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>MANDELL, TODD<br>3354 17TH STREET<br>SARASOTA FL 34235 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TDS<br>MANDELL, EVELYN<br>3354 17TH STREET<br>SARASOTA FL 34235 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>MANDELL, BRAD<br>3354 17TH STREET<br>SARASOTA FL 34235 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SVD<br>HOWARD, WENDY<br>3354 17TH STREET<br>SARASOTA FL 34235 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |



MOORE CR2E034 (11/03)

U00000052259  
 02/16/04-80085-011 150.00

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:**  **TODD MANDELL** **2/3/04** **941 366-2557**