## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 19, 2007 08:00 Al Secretary of State DOCUMENT # J12884 1. Entity Name KENT MOTEL, INC. Mailing Address Principal Place of Business 22345 SOUTH DIXIE HIGHWAY 22345 SOUTH DIXIE HIGHWAY GOULDS, FL 33170 GOULDS, FL 33170 01252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2685154 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROCKMAN, LOUIS M. DO NOT WRITE 8500 S.W. 92ND STREET, SUITE 106 MIAMI, FL 33156 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE 1000000639345 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 02/28/07-80022-013 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PATEL, INDRAVADAN L. NAME 22345 S. DIXIE HWY STREET ADDRESS CITY-ST-ZIP GOULDS, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. Thereby 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED**