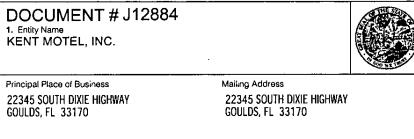
2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2008 08:00 AM **Secretary of State**



KENT MC	OTEL, INC.				
Principal Place 22345 SOUT GOULDS, FL	'H DIXIE HIGHWAY	Mailing Address 22345 SOUTH DIXIE HIGHWAY GOULDS, FL 33170			
M of		IN THE COA	ap and	01222008 No Chg-P CR2E00	34 (11/05)
DO NOT WRITE IN THIS SPACE			• E	4. FEI Number 59-2685154 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			. 1 4 / 1 / 1	Maria de la companya de la companya La companya de la co	* * *
ROCKMAN, LOUIS M. 8500 S.W. 92ND STREET, SUITE 106 MIAMI, FL 33156				DO NOT WRITE	. 1
				IN THIS SPACE	55
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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees	
10.	OFFICERS AND DI	RECTORS		and the second of the second o	4. 4. 4.
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CITY-ST-ZIP		·			,
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
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CITY-ST-ZIP TITLE NAME			The summarish of	State Control of the	
STREET ADDRESS CITY+ST-ZIP	*1		. , ` , ` , ` , ` , ` , ` , ` , ` , ` ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			general de la deservación del deservación de la	4.8.4.2	

12. I hereby 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.

CLICALATURE:

**Part ** Part **

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #