

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K49273

FILED  
Mar 21, 2004  
Secretary of State

Entity Name: LEPINE HOTEL & RESORTS MANAGEMENT, INC.

## Current Principal Place of Business:

6466 NW 5 WAY  
6434 NW 5 WAY  
FORT LAUDERDALE, FL 33309 US

## New Principal Place of Business:

## Current Mailing Address:

6466 NW 5 WAY  
FT LAUDERDALE, FL 33309 US

## New Mailing Address:

FEI Number: 65-0086600      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHN PASSARIELLO  
6466 NW 5 WAY  
FORT LAUDERDALE, FL 33309 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LEPINE, MAURICE,  
Address: 1115 NW 111 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33322

Title: D ( ) Delete  
Name: LEPINE, SHIRLEY,  
Address: 1115 NW 111 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33322

Title: D ( ) Delete  
Name: LEPINE, DAVID,  
Address: 1115 NW 111 AVENUE  
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Delete  
Name: LEPINE, MARK,  
Address: 1115 NW 111 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33322

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LEPINE, MAURICE,  
Address: 3000 WEST BERMUDA DUNES DRIVE  
City-St-Zip: LECANTO, FL 34461

Title: D (X) Change ( ) Addition  
Name: LEPINE, SHIRLEY,  
Address: 3000 WEST BERMUDA DUNES DRIVE  
City-St-Zip: LECANTO, FL 34461

Title: D (X) Change ( ) Addition  
Name: LEPINE, DAVID,  
Address: 3000 WEST BERMUDA DUNES DRIVE  
City-St-Zip: LECANTO, FL 34461

Title: D (X) Change ( ) Addition  
Name: LEPINE, MARK,  
Address: 3000 WEST BERMUDA DUNES DRIVE  
City-St-Zip: LECANTO, FL 34461

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICE LEPINE

D

03/21/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date