

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K49273

FILED
Apr 10, 2005
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: 3000 WEST BERMUDA DUNES DRIVE
City-St-Zip: LECANTO, FL 34461

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

PRES

04/10/2005

Electronic Signature of Signing Officer or Director

_____ Date