#### 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

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### DOCUMENT # K49273

1. Entity Name

LEPINE HOTEL & RESORTS MANAGEMENT, INC.



Principal Place of Business

6466 NW 5 WAY 6434 NW 5 WAY

FORT LAUDERDALE, FL 33309 US

Mailing Address

6466 NW 5 WAY

FT LAUDERDALE, FL 33309

# **FILED** May 02, 2006 8:00 am Secretary of State

05-02-2006 90217 028 \*\*\*150.00

**DUUJJ14/** 



04172006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0086600 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

JOHN PASSARIELLO 6466 NW 5 WAY FORT LAUDERDALE, FL 33309

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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.

Signature, typed or printed name of registered agent and little if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

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10.		OFFICERS AND DIRECTORS		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUTH SOUT	Uo.A1 A ± 906 Ft. fierce Fc 34949	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEPINE, SHIRLEY 3000 WEST BERMUDA DUNES DRIVE LEGANTO, PL 34461	Same	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEPINE, DAVID 3000 WEST BERMUDA DUNES DRIVE LEGANTO, FL 34461	same	
	TITLE NAME STREET AODRESS CITY-ST-ZIP	D LEPINE, MARK 3000 WEST BERMUDA DUNES DRIVE LE <del>CANTO, PL</del> 34461	'' 54 mi	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
	NAME STREET ADDRESS			

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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 empoyered 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 attactprent with an address, with all other like empowered.