2003 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

DOOLS AFTER A LOOPOR			Secretary of State			
DOCUMENT # K62205 1. Enth Na 1 ADVANCE HOSPITALITY SERVICES, INC.					0428 008 ***150.	
Principal Pischol 3 mens	Mailing Address		1			
% ANTHON' SY V STER	% ANTHONY SYLVEST	FR Z	400			
3419 N DD. 2 HVA	3419 N DIXIE HWY		1			
FT. LAUDER (IAL) 33334	FT. LAUDERDALE, FL	33334		Ballik landa aldal adlah kal		
2. Prins p.1 Last to Luncos	3. Mailing Address					
State Att with	Suite, Apt. #, etc.		04112006	Chg-P	CR2E034 (11/05)	
City & State	City & State		4. FEI Number			oplied For
Zip Co. Pry	Zip	Country	65-0177	902	\$8.75 Add	ot Applicable
		Joseph J.	5. Certificate of	of Status Desired	Fee Require	
1 ama and Acdress of Current	Registered Agent		7. Name and	Address of New R	egistered Agent	
0.4.4.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.		Name				
SYLVESTER AKTHONY 3419 N D-XFEF AM		Street Address	(P.O. Box Number	is Not Acceptable		
SUITE 32 :		Shoot hadress			·,	
FT. LAUDEROALE, FL 33306		ĺ				
		City			FL Zip Cod	le
2 The bar are an are the state of the state	a the manager of above in the				FL	
8. The above the control ty submits this statement for the obligation of consistent along.	ir the purpose of changing it:	s retristered office or registe	ered agent, or both	i, in the State of Flo	orida. Tam familiar with,	and accept
SIGNATURE	and title if applicable (NO:	TE: Ri gistered Agent signature require	ed when reinstation i		DATE	
FILE MOUNT FEE IS \$150.00 After N ay 1, 2006 Fee will be \$550.0	9. Election Campa Trust Fund Con		5.00 May Be ided to Fees			
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE D	☐ Delete	TITLÉ			☐ Change	☐ Addition
NAME SYL/ESTER, ANTHONY		NAME				
STREET AN WELS I CA15 ALL DIDUE FLAVY. OUTY-ST-25 FOR A LAUDER DALE FL. 33334		STREET ADDRESS				
		CITY-ST-ZIP				
TITLE NAME	☐ Delete	HITLE			☐ Change	Addition
STREET ALDRE VS		NAME STREET ADDRESS				
CITY-ST . #		CITY-ST-ZIP				
TITLE	☐ Delete	TITLE		-	☐ Change	Addition
NAME NAME						
STREET A(YFE)		STREET ADDRESS				
CITY-ST-2 P		CITY-ST-ZIP				
TITLE	Delete	TITLE			Change	☐ Addition
NAME STREET ALDER S		NAME STREET ADDRESS				
CITY-ST-, F		CITY-ST-ZIP				
TITLE	☐ Delete	TITLE			☐ Change	Addition
NAME	E Daloic	NAME			_ change	
STREET A 176 D		STREET ADDRESS				
CITY-ST-		CITY-ST-ZIP				
TITLE (☐ Delete	F THTLE			☐ Change	Addition
NAME Cross + Supplies		NAME				
STREET ACTIVE IS CITY-ST-2 F		STREET ADDRESS				
	All the All and a second second	CITY-ST-ZIF	- 11- 01	Et 31 8		
12. Thereby only at the many thon supplied with indicate to the report is the mental report in	strue and accurate and that	my cionature shall have the	e same lenal effect	se if made under d	hath: that I am an office:	r or director
of the activity to higher the complete or trustate employees.	owered to execute this repor	as required by Chapter 60	07, Florida Statutes	; and that my name	e appears in Block 10 c	r Block 11 if
\				-100	-4.71	ains ()
SIGNATURE:	A XIV	\sim	7/19	100	454-566-6	160 X
SIC VATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	R OR SIRECTOR	ι,	Date	Daytime Phone #	