


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90219 003 \*\*\*150.00

<b>DOCUMENT # K82576</b> 1. Entity Name WEBSTER HOTEL, INC.																																																					
Principal Place of Business 523 MICHIGAN AVE MIAMI BEACH, FL 33139-6602			Mailing Address 523 MICHIGAN AVE MIAMI BEACH, FL 33139-6602																																																		
2. Principal Place of Business <i>230 5th Street</i> Suite, Apt. #, etc.		3. Mailing Address <i>230 5th Street</i> Suite, Apt. #, etc.																																																			
City & State <i>Miami Beach, FL</i> Zip <i>33139</i>		City & State <i>Miami Beach, FL</i> Zip <i>33139</i>		4. FEI Number 65-0115692																																																	
Country <i>USA</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																	
6. Name and Address of Current Registered Agent  ROBINS, SCOTT 523 MICHIGAN AVE MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name <i>Robins Scott</i> Street Address (P.O. Box Numbers Not Acceptable) <i>230 5th Street</i> City <i>Miami Beach</i> FL <i>33139</i>																																																	
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 _____ DATE <i>2/21/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;">PST ROBINS, SCOTT 523 MICHIGAN AVE MIAMI BEACH, FL 33139</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROBINS, SCOTT 523 MICHIGAN AVE MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <i>PT</i>  <i>Robins Scott</i>  <i>230 5th Street</i>  <i>Miami Beach, FL 33139</i> </td> <td style="width:30%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PT</i> <i>Robins Scott</i> <i>230 5th Street</i> <i>Miami Beach, FL 33139</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.																																																					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			SCOTT ROBINS COMPANIES 230 FIFTH STREET MIAMI BEACH, FL 33139 Date <i>2/21/05</i> Daytime Phone # <i>305-674-0600</i>																																																		

**50019848**



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