

FROM :

FAX NO. 3053611891

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90243 016 ***150.00


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XIONARA LEE, P.A.

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **K90974**

1. Entity Name
MALIBU HOTEL, INC.



Principal Place of Business
**2838 SW 37 CT.
MIAMI FL 33134
US**

Mailing Address
**2300 SW 80TH CRT
MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Name and Address of Current Registered Agent

**FLORES, ANRIEL
2838 SW 37TH CT.
MIAMI FL 33134**

5. FEI Number **65-0130981**

Applied For
 Not Applicant

6. Certificate of Status Desired **88.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____
Sign here, in ink or printed name of registered agent or officer or director. (NOTE: Registered Agent signature requires white background)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution, **55.00** May be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PC	SANCHEZ-MEDINA GISELA	<input type="checkbox"/> Delete	
STREET ADDRESS	25 GRANDON BLVD #433	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	KEY BISCAYNE FL 33148		
	ASAC FLORIDA	<input type="checkbox"/> Delete	
	2936 SW 37 CT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MIAMI FL 33134		
	Secretary		
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information indicated on this report of SUBCORNERS, PARTNERS 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 authorized to accept this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this report, with or other like authorized.

SIGNATURE: _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

11017100

