


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L10758</b>	
<b>1. Entity Name</b> FEDERAL HOTEL & RESORT MANAGEMENT, INC.	

<b>Principal Place of Business</b> % J M KONSTEN 2301 S FEDERAL HWY FT LAUDERDALE, FL 33316	<b>Mailing Address</b> % J M KONSTEN 2301 S FEDERAL HWY FT LAUDERDALE, FL 33316
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**DO NOT WRITE IN THIS SPACE**

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0139448

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

KONSTEN, J.M.  
2301 S FEDERAL HWY  
FT LAUDERDALE, FL 33316

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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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<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</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD	<b>NAME</b> KONSTEN, J M
<b>STREET ADDRESS</b> 2301 S FEDERAL HWY	
<b>CITY - ST - ZIP</b> FT LAUDERDALE, FL	

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01/14/05-80015-003 150.00

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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/05 954  
525-7711  
Date Daytime Phone #

J M Konsten President