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Secretary of State
04-19-2007 90417 050 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M44038

1. Entity Name
CSL HOTELLA, INC.

40071951

03212007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
9660 E BAY HARBOR DR BAY HARBOR, FL 33154	9660 E BAY HARBOR DR BAY HARBOR, FL 33154

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 59-2751303 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEAN, ADELGUNDE E
1211 NE 131 STREET
NORTH MIAMI, FL 33161

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: ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☑ Delete
NAME	DORFMAN, AARON	
STREET ADDRESS	535 N.E. STREET	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	VP	☐ Delete
NAME	REIZEN, VERNA	
STREET ADDRESS	1230 100 STREET	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE	VP	☐ Delete
NAME	MAYERS, STEVEN	
STREET ADDRESS	2220 CALAIS DRIVE, #4	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	S	☐ Delete
NAME	ROYSE, GAYNEL	
STREET ADDRESS	1075 92 STREET, #205	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE	COT	☐ Delete
NAME	PINK, SAMUEL	
STREET ADDRESS	11111 BISCAYNE BLVD. #428	
CITY-ST-ZIP	MIAMI, FL 33181	
TITLE	COT	☐ Delete
NAME	ROY, WILLIAM	
STREET ADDRESS	2801 LUCERNE	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	/	☑ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	☑ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 04/11/07 Date Daytime Phone #