2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT (AR)** Mar 16, 2004 8:00 am **Secretary of State** DOCUMENT # P00000076679 1. Entity Name 03-16-2004 90028 011 ***150.00 DEERFIELD HOSPITALITY, INC. Principal Place of Business Mailing Address 1515 NORTH FEDERAL HIGHWAY SUITE 300 1515 NORTH FEDERAL HIGHWAY SUITE 300 14000190 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1034617 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAHN, JEFFREY B Street Address (P.O. Box Number is Not Acceptable) 1515 NORTH FEDERAL HIGHWAY SUITE 300 **BOCA RATON FL 33432** Zip Code FL 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, typed or grinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D TITLE TITLE Change ☐ Addition Simon, David SIMON, PETER E NAME NAME 1515 No Federal Huy Scite 300 1515 NORTH FEDERAL HIGHWAY SUITE 300 STREET ADDRESS STREET ADDRESS BOCA RATON FI 33432 CITY-ST-ZIP BOCA RATON FL 33432 CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition GUARINI, PATRICK M NAME NAME STREET ADDRESS 1515 NORTH FEDERAL HIGHWAY SUITE 300 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP TITLE TITI F ☐ Delete Change Addition COSTAS, JOHN NAME NAME STREET ADDRESS 1515 N FEDERAL HWY S-300 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY - ST - ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Delete

PULL JOHN S. COSTAS. 3/1404 561-738-1405

NING OFFICER OR DIRECTOR

Date

Change

☐ Addition