

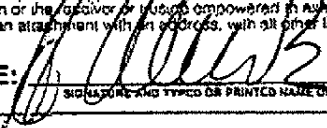
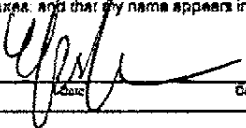


**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P0000076827		
1. Entity Name PARKVIEW MOTEL, INC.		
Principal Place of Business 1907 NE 36TH COURT #7H NORTH TOWER AVENTURA, FL 33180	Mailing Address 1907 NE 36TH COURT #7H NORTH TOWER AVENTURA, FL 33180	 04292004 No Chg-P CR2E034 (10/03)
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  WEINREB, MICHAEL 1907 NE 36TH COURT #7H NORTH TOWER AVENTURA, FL 33180		4. FEI Number 65-1029985
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>DO NOT WRITE IN THIS SPACE</b>		
10. OFFICERS AND DIRECTORS		
TITLE	P	U00000149544 05/03/04-80190-024 150.00
NAME	WIENREB, MICHAEL	
STREET ADDRESS	1907 NE 36TH COURT, APT 7H	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	
NAME	GOLDSTERN, ELI	
STREET ADDRESS	1907 NE 36TH COURT, APT 7H	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 807, 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 OFFICER OR DIRECTOR		DATE