


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000079035</b>	
1. Entity Name <b>GENERAL HOTEL &amp; RESTAURANT CORP.</b>	

Principal Place of Business <b>13900 NW 82ND AVENUE MIAMI, FL 33016</b>	Mailing Address <b>13900 NW 82ND AVENUE MIAMI, FL 33016</b>
--	--

**DO NOT WRITE IN THIS SPACE**



02162005 No Chrg-P CR2E034 (10/03)

4. FEI Number <b>65-1033160</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WALTER, SIMON  
13900 NW 82ND AVE  
MIAMI, FL 33016**

**DO NOT WRITE  
IN THIS SPACE**

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 consenting) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 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
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO- SIMON, WALTER 13900 NW 82ND AVE MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON, JEFFREY 13900 NW 82ND AVE MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000307933  
04/15/05-80075-012 150.00

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

04/12/05 (205) 885-8651  
Date Daytime Phone #