

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000079035 1. Entity Name GENERAL HOTEL & RESTAURANT CORP.	
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Principal Place of Business 13900 NW 82ND AVENUE MIAMI, FL 33016	Mailing Address 13900 NW 82ND AVENUE MIAMI, FL 33016
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DO NOT WRITE IN THIS SPACE



04152008 No Chg-P CR2E034 (11/05)

4. FEIN Number 65-1033160	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALTER, SIMON 13900 NW 82ND AVE MIAMI, FL 33016

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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.

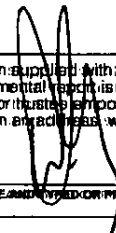
SIGNATURE _____ (NOTE: Registered Agent signature required when renaming) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust/Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000912061 05/07/08-80064-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	POD
NAME	SIMON, WALTER
STREET ADDRESS	13900 NW 82ND AVE
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	POD
NAME	SIMON, JEFFREY
STREET ADDRESS	13900 NW 82ND AVE
CITY-ST-ZIP	MIAMI, FL 33016
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

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 my address, with all other like empowered.

SIGNATURE:  WALTER SIMON 4/19/2008 (305) 885-8651		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #