

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000114541 1. Entity Name HOTEL MANAGEMENT OF FLORIDA, INC.						
Principal Place of Business 19505 COLLINS AVENUE NORTH MIAMI BEACH FL 33160			Mailing Address 1418 MARINER WAY HOLLYWOOD FL 33019			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number 65-1062551		
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent BROWN, GARY L 4000 HOLLYWOOD BLVD. SUITE 265 SOUTH HOLLYWOOD FL 33021				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.				9. Election Campaign Financing \$5.00 May Added to Fee ☐		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary)				DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				10. Election Campaign Financing \$5.00 May Added to Fee ☐		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☐ Delete BROWN, DALE 19505 COLLINS AVENUE NORTH MIAMI BEACH FL 33160			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☐ Delete BROWN, JEFF 19505 COLLINS AVENUE NORTH MIAMI BEACH FL 33160			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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						



1st MOORE CR2E034 (10/05)

4. FEI Number **65-1062551** Applied For ☐ Not Applied ☐

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

**BROWN, GARY L
4000 HOLLYWOOD BLVD.
SUITE 265 SOUTH
HOLLYWOOD FL 33021**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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SIGNATURE: DATE **4/13/06**