

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000064694**

1. Entity Name  
**AMERICAN HOSPITALITY CONSULTING INC.**



Principal Place of Business

**2802 N. 46TH AVENUE  
B-620  
HOLLYWOOD, FL 33021**

Mailing Address

**2802 N. 46TH AVENUE  
B-620  
HOLLYWOOD, FL 33021**

**DO NOT WRITE IN THIS SPACE**



07062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1118837**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JIMENEZ, ARTURO  
2802 N. 46 AVE  
B620  
HOLLYWOOD, FL 33021**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JIMENEZ, ARTURO
STREET ADDRESS	2802 N. 46TH AVENUE, SUITE B-620
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VP
NAME	GOMEZ, GABRIEL
STREET ADDRESS	10748 NW 12 MANOR
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000371745  
07/11/05-80003-014 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Arturo Jimenez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ARTURO JIMENEZ**

**07-06-2005**

Date

**305-749-2131**

Daytime Phone #