

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000075429

1. Entity Name  
BLH HOTEL CORP.



Principal Place of Business

5445 COLLINS AVE.  
CU 14  
MIAMI BCH, FL 33140

Mailing Address

P.O. BOX 403028  
MIAMI BCH, FL 33140

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
63-4490885

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

LEOPOLDO, GONZALEZ  
5445 COLLINS AVE  
CU 14  
MIAMI BEACH, FL 33140

**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**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1101000535125  
05-08-06-80038-024 150.00

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>MECOZZI, HORACIO<br>P.O. BOX 403028<br>MIAMI BCH, FL 33140    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVS<br>GONZALEZ, LOEPOLDO<br>P.O. BOX 403028<br>MIAMI BCH, FL 33140 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVT<br>BERKOWITZ, EMILIO<br>P.O. BOX 403028<br>MIAMI BCH, FL 33140  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/06 305 962 79 30