

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000075429 1. Entity Name BLH HOTEL CORP.	
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Principal Place of Business 5445 COLLINS AVE. CU 14 MIAMI BCH, FL 33140	Mailing Address P.O. BOX 403028 MIAMI BCH, FL 33140
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04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-4490885	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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
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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.

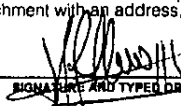
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

SIGNATURE:  **HORACIO MECOZZI** **4/21/08** **305 962 7930**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #