


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90446 040 ***150.00

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| DOCUMENT # P01000076474 1. Entity Name EXECUTIVE MINI SUITES, INC. |  |
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| Principal Place of Business 555 SW 12TH AVE, SUITE 101 POMPANO BEACH, FL 33069 | Mailing Address 555 SW 12TH AVE, SUITE 101 POMPANO BEACH, FL 33069 |
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50014985



01102006 No-Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-1131203 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent GOLDMAN, BRUCE J CITY NATIONAL BANK BUILDING 2701 LE JEUNE RD, SUITE 404 CORAL GABLES, FL 33134 |
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**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 use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
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| FILE NOW!!! FBE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JAFTE, EMERY D 555 SW 12TH AVE, SUITE 101 POMPANO BEACH, FL 33069 |
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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:   **4-18-06** **954-933-0421**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #