


2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90317 013 ***150.00

DOCUMENT # P01000113473				
1. Entity Name FLORIDA HOTELMANAGEMENT INTERNATIONAL, INC.				
Principal Place of Business 1677 COLLINS AVENUE MIAMI BEACH FL 33139		Mailing Address C/O MILLER & WEBNER, P.A. P.O. BOX 266947 WESTON FL 33326		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 65-0760731
Zip	Country	Zip	Country	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
MILLER, REBECCA M 2442 POINCIANA COURT WESTON FL 33327			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL	Zip Code
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAUSE, HANS-JOACHIM	NAME		
STREET ADDRESS	3025 COLLINS AVENUE	STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAUSE, URSULA M	NAME		
STREET ADDRESS	3025 COLLINS AVENUE	STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEYER, NICOLA	NAME		
STREET ADDRESS	3025 COLLINS AVENUE	STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANZON, KATJA	NAME		
STREET ADDRESS	3025 COLLINS AVENUE	STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		



MOORE CR2E034 (11/03)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theresa

MAR 23 04

(954) 385-9030

Date

Daytime Phone #