

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**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



02222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0760731

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MILLER, REBECCA M  
2442 POINCIANA COURT  
WESTON, FL 33327

**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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME KRAUSE, HANS-JOACHIM  
STREET ADDRESS 3025 COLLINS AVENUE  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE D  
NAME KRAUSE, URSULA M  
STREET ADDRESS 3025 COLLINS AVENUE  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE D  
NAME MEYER, NICOLA  
STREET ADDRESS 3025 COLLINS AVENUE  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE D  
NAME JANZON, KATJA  
STREET ADDRESS 3025 COLLINS AVENUE  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000556963  
05/17/06-80032-015 150.00

**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 #

(954) 385-9030