2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P01000121461



FILED

Mar 16, 2004 8:00 am

Secretary of State 1. Entity Name 03-16-2004 90028 012 ***150.00 AUSTRALIAN AVE HOSPITALITY, INC. Principal Place of Business Mailing Address 1515 NORTH FEDERAL HIGHWAY 1515 NORTH FEDERAL HIGHWAY 14000189 SUITE 300 BOCA RATON FL 33432 SUITE 300 BOCA RATON FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 80-0022609 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAHN, JEFFREY B Street Address (P.O. Box Number is Not Acceptable) 1515 NORTH FEDERAL HIGHWAY SUITE 300 **BOCA RATON FL 33432** 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change TITLE TITLE Delete Simon, DAVIA Lightny Suite 300 SIMON, PETER B NAME STREET ADDRESS 1515 NORTH FEDERAL HIGHWAY SUITE 300 STREET ADDRESS Bus RATEN, FI 33430 CITY-ST-ZIP BOCA RATON FL 33432 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition GUARINI, PATRICK M NAME NAME 1515 NORTH FEDERAL HIGHWAY SUITE 300 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 'NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Dalete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.