2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# P02000050210

Entity Name: HOSPITALITY PRODUCTIONS CORP.

Current Principal Place of Business:

18305 BISCAYNE BLVD.
SUITE 303
AVENTURA, FL 33160

New Principal Place of Business:

210-174TH ST.
SUITE 719
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

18305 BISCAYNE BLVD.
SUITE 303
AVENTURA, FL 33160

New Mailing Address:

17100 COLLINS AVE.
SUITE 110-108
SUNNY ISLES BEACH, FL 33160

FEI Number: 41-2044197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELNECAVE, ROLAND
18305 BISCAYNE BLVD.
SUITE 303
AVENTURA,, FL 33160

Name and Address of New Registered Agent:

ELNECAVE, ROLAND
210-174TH ST.
SUITE 719
SUNNY ISLES BECH, FL 33160

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.

SIGNATURE: 04/26/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ELNECAVE, SARA L
Address: 210-174TH ST. # 719
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: V ( ) Delete
Name: ELNECAVE, ROLAND
Address: 210-174TH ST. # 719
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA ELNECAVE P 04/26/2004
Electronic Signature of Signing Officer or Director — Date