


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000063304
 1. Entity Name
EXECUTIVE SUITES MANAGEMENT CORP.



Principal Place of Business
**12472 W ATLANTIC
 CORAL SPRINGS FL 33071**

Mailing Address
**12472 W ATLANTIC
 CORAL SPRINGS FL 33071**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
 Suite, Apt. #, etc
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc
 City & State
 Zip Country

4. FEI Number **13-4150068**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**THARP, JAMES A
 12472 W. ATLANTIC BLVD
 CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent
 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 re-registering)
 DATE **1/19/05**

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	THARP, KAREN A
STREET ADDRESS	7306 NW 127 WAY
CITY - ST - ZIP	PARKLAND FL 33076
TITLE	D <input type="checkbox"/> Delete
NAME	THARP, JAMES A
STREET ADDRESS	7177 NW 63 WAY
CITY - ST - ZIP	PARKLAND FL 33067
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(f), 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 **1/19/05** DAYTIME PHONE # **954-753-6733**