2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

NORTH AMERICAN HOSPITALITY GROUP, INC.

P02000070563

Jun 09, 2003 8:00 am Secretary of State

05-01-2003 90226 018 ***150.00

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Principal Place of Business 5554 METRO WEST BLVD STE 107 ORLANDO FL 32811 Mailing Address 5554 METRO WEST BLVD ORLANDO FL 32811			D STE 10	STE 107						
2. Principal Place of Business 3. Mai			lailing Address				Blant, Billian			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4.	FEI Number 52 - 236579 \	Applied For Not Applicable			
Country	Zip		Cou	ntry	5.	Cartificate of Status Desired	\$8.75 Additional Fee Required			
6. Name and Address of Curi	ent Registered	Agent			7.	Name and Address of New Registered	Agent			
A, ANNA			- •	Name						
5554 METRO WEST BLVD STE 107			Street Address (P.O. Box Number is Not Acceptable)							
ORLANDO FL 32811				· · · · · · · · · · · · · · · · · · ·						
				City		F	Zip Code			
named entity submits this stateme tions of registered agent.	nt for the purpos	e of changing its	s register	ed office or	registered a	gent, or both, in the State of Florida. 1 am	n familiar with, and accept			
Signature, typed or printed name of registered a	gent and title if applica	hble. (NOT	E: Registeri	rd Agent signals	ne required when o	nefrestating) DATE				
-	,					Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
OFFICERS A	ND DIRECTORS	3	11.		Al	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11			
		Delete	TITL	E	P		Change Addition			
J			- NAM	IE.	ANNA	MITREVICA				
			STR	EET ADDRESS	5554	METRO WEST Bluck	,#10)			
	WEST BLVD STE 107 32811 Place of Business #, etc. # Country 6. Name and Address of Curr A, ANNA TRO WEST BLVD STE 107 D FL 32811 In named entity submits this stateme ions of registered agent. Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. Replacement of the stateme ions of registered agent. Signature, typed or printed name of registered agent. Replacement of the statement o	WEST BLVD STE 107 32811 Place of Business #, etc. City & Country Zip 6. Name and Address of Current Registered A, ANNA TRO WEST BLVD STE 107 D FL 32811 In named entity submits this statement for the purpositions of registered agent. Signature, typed or printed name of registered agent and title if applications of the purpositions of registered agent. Signature, typed or printed name of registered agent and title if applications of the purpositions of registered agent.	WEST BLVD STE 107 32811 Place of Business 3. Mailing Address #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent A. ANNA TRO WEST BLVD STE 107 D. FL 32811 Signature, typed or printed name of registered agent and title if applicable. (NO: ILE NOW!!! FEE IS \$150,00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State OFFICERS AND DIRECTORS	WEST BLVD STE 107 32811 Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country A, ANNA TRO WEST BLVD STE 107 FL 32811 Place of entity submits this statement for the purpose of changing its register ions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Ray 1, 2003 Fee will be \$\$50.00 to Printed Department of State OFFICERS AND DIRECTORS 11.	Mailing Address WEST BLVD STE 107 32811 Place of Business #, etc. Suite, Apt. *, etc. City & State Country Zip Country 8. Name and Address of Current Registered Agent Name A, ANNA RO WEST BLVD STE 107 OFL 32811 City In named entity submits this statement for the purpose of changing its registered office or ions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signals, ILLE NOW!!! FEE IS \$150.00 ready to printed Department of State OFFICERS AND DIRECTORS 11.	WEST BLVD STE 107 32811 Place of Business 3. Mailing Address #, etc. Suite, Apl. *, etc. City & State Country Zip Country Zip Country 5. Name and Address of Current Registered Agent Name A, ANNA TRO WEST BLVD STE 107 DFL 32811 City In named entity submits this statement for the purpose of changing its registered office or registered agent. Signature, typed or printed here of registered agent and title if applicable. (NOTE: Registered Agent signature required when the payable to Florida Department of State OFFICERS AND DIRECTORS 11. AI Delette ITILE PAME Delette TITLE PAME Delette	Mailing Address WEST BLVD STE 107 32811 ORLANDO FL 32811 Place of Business 3. Mailing Address S554 METRO WEST BLVD STE 107 ORLANDO FL 32811 Place of Business 3. Mailing Address #, etc. City & State City & State Country Country Country Country Country Street Address of Name and Address of New Registered Agent Name A, ANNA TRO WEST BLVD STE 107 OFL 32811 City City City City City City City City Fl City City Fl City Fl City Fl City City Fl City F			

Make Check Payable to Florida Department of State					iiust PL	ina Contributi	on. L	D ACCOR	d to rees
10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS	P ANNA 5554	MITREVI MCTRO	ic 1 West	Bluck,	□ Change	
CITY-ST-ZIP			CITY-ST-ZIP	ORLAN	100 FI	320)		
TITLE HAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE - NAME STREET ADDRESS CITY-ST-ZIP			<u></u>		Change	Addition_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Deleta .	NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition

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 REQUIRED

04.28.07