FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90182 033 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000076720

1. Entity Name
THE HOSPITALITY ENTERPRISE GROUP, INC.

11010168

Principal Place of Business	Mailing Address
1790 SE 23 AVE, STE 3A FT LAUDERDALE, FL 33316	1790 SE 23 AVE, STE 3A FT LAUDERDALE, FL 33316

2. Principal Place of Business		3. Mailing Address	
		515 SEABREEZE BOULEVARD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 3-A	
City & State		City & State FORT LAUDERDALE, FL	
Zip	Country	Zip 33316	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 22-3858514 — Applied For / ✓ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH ST
MIAMI BCH, FL 33139

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 ______
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, 2003 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DE SALVO, ANTHONY J III		NAME		
STREET ADDRESS	1790 SE 23 AVE, STE 3A		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33316		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DE SALVO, PAMELA M		NAME		
STREET ADDRESS	1790 SE 23 AVE, STE 3A		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33316		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ 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-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ 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-ZIP			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.

SIGNATURE: Pamela M. DeSalvo 4/14/03 954-554-1154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)