2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000105886

1. Entity Name
CARDOZO HOSPITALITY COMPANY

FILED
Apr 30, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
420 JEFFERSON AVENUE MIAMI BEACH, FL 33139	420 JEFFERSON AVENUE MIAMI BEACH, FL 33139

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01142008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
56-2295335	Not Applicable

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

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131

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IN THIS SPACE

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, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000935423 05/23/08-80073-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ESTEFAN, EMILIO
STREET ADDRESS	420 JEFFERSON AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   Emilio Estefan   2/07/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #