2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # P03000018265** 04-19-2004 90294 016 ***150.00 PARK MOTEL, INC. Principal Place of Business Mailing Address 600 SOUTH KROME AVENUE 18390 SW 232 STREET UIUUUNUU MIAMI, FL 33170 HOMESTEAD, FL 33030 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc Suite, Apt. #, etc. 04142004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For *5*6-2324107 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, SUDHIRKUMAR R Street Address (P.O. Box Number is Not Acceptable) 18390 SW 232 STREET MIAMI; FL 33170 City Zip Code FL 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 rainstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE Change ☐ Addition PATEL, SUDHIRKUMAR 18390 SW 232 ST. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP MIAMI FL 33170 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-7/P CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-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. SUBHINIUMM 505-246-0025

FILED