2004 FOR PROFIT CORPORATION ANNUAL REPORT

6/1

FILED
Jul 22, 2004 8:00 am
Secretary of State
06-28-2004 90012 010 ***150.00

DOCUMENT # P03000041943

1. Entity Name
FLORIDA HOSPITALITY RESOURCES, INC.

Principal Place of Business	Mailing Address
4390 N FEDERAL HWY STE 103 FT LAUDERDALE, FL 33308	4390 N FEDERAL HWY STE 103 FT LAUDERDALE, FL 33308

07062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	PO BOX 221627
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: HLWD FL
Zip / Country	Zip: 33022 / Country: USA

4. FEI Number: 42 1588682 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAWICKI, RICHARD
4390 N FEDERAL HWY STE 103
FT LAUDERDALE, FL 33308

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT ☐ Delete
NAME	RICHARD W. SAWICKI
STREET ADDRESS	822 TYLER ST
CITY-ST-ZIP	HOLLYWOOD FL 33019
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition

Per our conversation here is a new copy with title of all officers. Please file all paid.

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] 7/6/04 (954) 926 1799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #