2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000104544

1. Entity Name
HOTEL HOSPITALITY VENTURES, INC.

Principal Place of Business	Mailing Address
C/O CARLOS CARABALLO 1300 BRICKELL AVENUE MIAMI, FL 33131	C/O CARLOS CARABALLO 1300 BRICKELL AVENUE MIAMI, FL 33131

2. Principal Place of Business		3. Mailing Address	
C/o Carlos Carballo		c/o Carlos Carballo	
Suite, Apt. #, etc.: 1300 Brickell Avenue		Suite, Apt. #, etc.: 1300 Brickell Avenue	
City & State: Miami FL		City & State: Miami FL	
Zip: 33131	Country: USA.	Zip: 33131.	Country: USA

01232006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-1245458 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ, MILAGROS
1300 BRICKELL AVENUE
MIAMI, FL 33131

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 $150.00
After May 1, 2006 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	D DEFORTUNA, EDGARDO 1300 BRICKELL AVENUE MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100000422700 02/17/06--80027--009 150.00	☐ Change ☐ Addition
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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: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #