

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000004311

1. Entity Name
SOUTH FLORIDA REALTY & HOSPITALITY
MANAGEMENT, INC.



Principal Place of Business
THARREL BAISDEN, P.A.
ONE SE 3 AVE STE 2400
MIAMI, FL 33131

Mailing Address
THARREL BAISDEN, P.A.
ONE SE 3 AVE STE 2400
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0548903

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

6. Name and Address of Current Registered Agent
DANIELS, NICHOLAS M ESQ
THARREL BAISDEN, P.A. SUNTRUST INTL CENTER
ONE SE 3 AVE STE 2400
MIAMI, FL 33131

**DO NOT WRITE
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 Budd Litowitz 11401 SW 40 ST #370 MIAMI, FL 33165
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/25/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LITOWITZ, BUDD E
STREET ADDRESS	11401 SW 40 ST
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	D
NAME	LITOWITZ, DEANA
STREET ADDRESS	11401 SW 40 ST
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

U00000365002
05/09/05-80017-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Budd Litowitz 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #