


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000004311 1. Entity Name SOUTH FLORIDA REALTY & HOSPITALITY MANAGEMENT, INC.	
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Principal Place of Business THARREL BAISDEN, P.A. ONE SE 3 AVE STE 2950 MIAMI, FL 33131	Mailing Address THARREL BAISDEN, P.A. ONE SE 3 AVE STE 2950 MIAMI, FL 33131
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01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0548903	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LITOWITZ, BUDD E 11401 SW 40 ST MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LITOWITZ, DEANA 11401 SW 40 ST MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

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02/19/08-80067-023 150.00

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/7/08 <small>Date</small>	305-552-5775 <small>Daytime Phone #</small>
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