
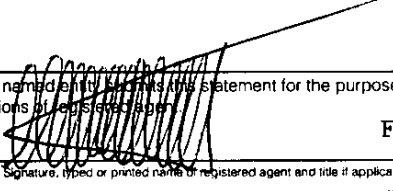



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90429 010 ***150.00

DOCUMENT # P04000018466 1. Entity Name RIVER PARK HOTEL AND SUITES, INC.					
Principal Place of Business 180 ISLAND DR. KEY BISCAYNE, FL 33149			Mailing Address 180 ISLAND DR. KEY BISCAYNE, FL 33149		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0688254	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ-CELEIRO, FRANCISCO 180 ISLAND DR. KEY BISCAYNE, FL 33149			7. Name and Address of New Registered Agent Name FRANCISCO M. MARTINEZ-MIYASHIKI Street Address (P.O. Box Number is Not Acceptable) 555 NE 15 TH STREET SUITE # 934 City MIAMI FL Zip Code 33132		
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 			FRANCISCO M. MARTINEZ-MIYASHIKI		
(NOTE: Registered Agent signature required when reinstating)			DATE 04/27/2007		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD MARTINEZ-CELEIRO, FRANCISCO 180 ISLAND DR. KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIYASHIKI, EVA 180 ISLAND DRIVE KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 a power like empowered.					
SIGNATURE:  FRANCISCO MARTINEZ CELEIRO 4/27/07 (305) 576-7800					
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					