## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90569 003 \*\*\*150.00

Signature good of points named entity submits this statement for the purpose of changing its registered agent or both, in the State of Florida. I am familiar with, and accomposition of registered agent and set a factionable.    Signature good or points 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 accomposition of registered agent and set afactionable.    Signature good or points named entity submits and state of accidence of the obligations of registered agent and set afactionable. (NOTE Registered agent or both, in the State of Florida. I am familiar with, and accomposition of registered agent or both, in the State of Florida. I am familiar with, and accomposition of registered agent and set afactionable. (NOTE Registered agent or both, in the State of Florida. I am familiar with, and accomposition of registered agent or both, in the State of Florida. I am familiar with, and accomposition of registered agent or both, in the State of Florida. I am familiar with, and accomposition of registered agent or both, in the State of Florida. I am familiar with, and accomposition of registered agent or both, in the State of Florida. I am familiar with, and accomposition of registered agent or both, in the State of Florida. I am familiar with, and accomposition of registered agent or both, in the State of Florida. I am familiar with, and accomposition of registered agent or both, in the State of Florida. I am familiar with, and accomposition of registered agent or both, in the State of Florida. I am familiar with, and accomposition of registered agent or both, in the State of Florida. I am familiar with, and accomposition of registered agent or both, in the State of Florida. I am familiar with, and accomposition of registered agent or both, in the State of Florida.    Signature   Signat	1. Entity Nam	MENT # P04000085 EAN HOSPITALITY GROUP				05-02-200:	5 90569 003 ***	150.00
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S. Certificate of Sistila Desired  S. Certificate of Sistila Desired  Fee Required  Fe		numi Beach, IL	North Miam		FL	4. FEI Number	<u> </u>	Applied For Not Applicable
Name   Street Address (P.O. Box Number is Not Acceptable)			33181	Country			Fee Requi	
Steel Address (P.O. Box Number is Not Acceptable)   Steel Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Hegistered Agent	Name	·	7. Name and Address of New	Hegistered Agent	······································
City   FL   Zip Code	13899 BIS			Street A	Address (P.C	D. Box Number is Not Acceptab	le)	
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 according to the obligations of registered agent.    SignATURE		IAMI BEACH, FL 33181						
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 accepted to the obligations of registered agent.  SIGNATURE    Signature   Signa				City			FI Zip Co	ode
SIGNATURE    Synamore broad or promed name of requiremed agent and labe if accideable   (NOTE Registered Agent sugression named when remistration)   DATE			or the purpose of changing its	registered office o	r registered	agent, or both, in the State of F		th, and accept
Change   Delete   Title   Delete   Delete   Title   Delete   Title   Delete   Title   Delete   Title   Delete   Title   Delete   Title   Delete   Delete   Title   Delete	the obligat	tions of registered agent.						
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  THE   Delete   ITILE	SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signal	ture required who	en reinstating)	DATE	
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indicated on this report or supplemental effort is/frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct of the corporation or the receiver or trustee empowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	13899 KARJEI N MIH	BISCHYNE Blud #2 MI FLA 3318 LEGAL CONSOLE DI NE GRAY A BERDYNIE BLUD	Chang	e Addition  e Addition  e Addition
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