## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 19, 2008 08:00 AN Secretary of State DOCUMENT # P04000116672 ALL SUNNY HOTELS, INC. Principal Place of Business Mailing Address ONE FINANCIAL PLAZA STE 2212 ONE FINANCIAL PLAZA STE 2212 FORT LAUDERDALE, FL 33394 FORT LAUDERDALE, FL 33394 01152008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0535843 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEVY, SHIMON DO NOT WRITE 777 ARTHUR GODFREY RD., SECOND FLOOR MIAMI BEACH, FL 33140 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 Signsture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U000000832521 LEVY, SHIMON NAME ONE FINANCIAL PLAZA, STE 2212 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33394 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 trusted 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:

CITY-ST-ZIP JITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> PRESIDENT SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2/13/08

(954)3582300

FILED