

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90015 026 ***150.00

DOCUMENT # P05000022524

1. Entity Name
COURTYARDS GP CORP.



Principal Place of Business
**418 NE 5TH STREET
FT LAUDERDALE, FL 33301**

Mailing Address
**418 NE 5TH STREET
FT LAUDERDALE, FL 33301**

2. Principal Place of Business
441 N. E. 4th Avenue
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 30399
Suite, Apt. #, etc.



02012006 Chg-P CR2E034 (11/05)

City & State
Fort Lauderdale, Florida

City & State
Fort Lauderdale, Florida

4. FEI Number
20-2596359

Applied For
☐ Not Applicable

Zip
33301

Country
US

Zip
33303

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name
Peter M. Feldman

Street Address (P.O. Box Number is Not Acceptable)
441 N. E. 4th Avenue

Fort Lauderdale, Florida 33301

City
Fort Lauderdale **FL** Zip Code
33301

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 _____ DATE **2/2/2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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** ☐ Delete
NAME **FELDMAN, PETER**
STREET ADDRESS **418 NE 5TH STREET**
CITY-ST-ZIP **FT LAUDERDALE, FL 33301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **441 N. E. 4th Avenue**
CITY-ST-ZIP **Fort Lauderdale, Florida 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: **Peter M. Feldman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

Date **2/2/2006** Daytime Phone # **954-523-4050**