
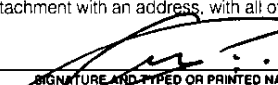


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90042 001 \*\*\*150.00

<b>DOCUMENT # P05000120422</b> 1. Entity Name <b>SF HOTELS, INC.</b>					
Principal Place of Business <b>777 NW 72ND AVENUE MIAMI, FL 33126</b>			Mailing Address <b>777 NW 72ND AVENUE MIAMI, FL 33126</b>		
2. Principal Place of Business - No P.O. Box # <b>711 NW 72ND AVENUE</b>		3. Mailing Address <b>777 NW 72ND AVENUE</b>			
Suite, Apt. #, etc. <b>N/A</b>		Suite, Apt. #, etc. <b>3019</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>			
Zip <b>33126</b>		Country <b>USA</b>		Zip <b>33126</b>	
Country <b>USA</b>		4. FEI Number <b>20-3403990</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZACZAC, GEORGI SR. 777 NW 72ND AVENUE - SUITE 3019 MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><b>N/A</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ZACZAC, GEORGI SR</b> <b>777 NW 72ND AVENUE</b> <b>MIAMI, FL 33126</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Christopher D. Mangum</b> <b>1201 West Peachtree St.</b> <b>Atlanta, GA 30309</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ZACZAC, LOURDES</b> <b>777 NW 72ND AVENUE</b> <b>MIAMI, FL 33126</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>O</b> <b>Colin Butterfield</b> <b>R. Braz Olaia Acosta, 727-Sala 1305</b> <b>Ribeirao Preto, SP 14026-040 Brazil</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 		<b>GEORGE ZACZAC SR.</b>		<b>2/27/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<b>305-261-2900</b> <small>Daytime Phone #</small>	

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