2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2009
Secretary of State

DOCUMENT# P05000157137

Entity Name: BOUTIQUE HOSPITALITY MANAGEMENT, INC.

Current Principal Place of Business:

234 MERIDIAN AVENUE
4
MIAMI BEACH, FL 33139

New Principal Place of Business:

3610 ALHAMBRA COURT
CORAL GABLES, FL 33134

Current Mailing Address:

C/O KEITH SPACE
P.O. BOX 402867
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 56-2544291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACQUELINE M. MOODY, P.A.
8429 FOREST HILLS DRIVE
#304
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SPACE, KEITH
Address: 234 MERIDIAN AVENUE, #4
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Delete
Name: SPACE, LYDIA
Address: 234 MERIDIAN AVENUE, #4
City-St-Zip: MIAMI BEACH, FL 33139

Title: T ( ) Delete
Name: SPACE, KEITH
Address: 234 MERIDIAN AVENUE, #4
City-St-Zip: MIAMI BEACH, FL 33139

Title: S ( ) Delete
Name: SPACE, LYDIA
Address: 234 MERIDIAN AVENUE, #4
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SPACE, KEITH
Address: 3610 ALHAMBRA COURT
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Change ( ) Addition
Name: SPACE, LYDIA
Address: 3610 ALHAMBRA COURT
City-St-Zip: CORAL GABLES, FL 33134

Title: T (X) Change ( ) Addition
Name: SPACE, KEITH
Address: 3610 ALHAMBRA COURT
City-St-Zip: CORAL GABLES, FL 33134

Title: S (X) Change ( ) Addition
Name: SPACE, LYDIA
Address: 3610 ALHAMBRA COURT
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KS P 02/15/2009

Electronic Signature of Signing Officer or Director — Date