

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90013 009 ***150.00

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07182007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000093739 1. Entity Name 741 MOTEL OF MIRAMAR, INC.					
Principal Place of Business 6320 HARDING STREET HOLLYWOOD, FL 33024			Mailing Address 6320 HARDING STREET HOLLYWOOD, FL 33024		
2. Principal Place of Business - No P.O. Box # 2550 SOUTH STATE ROAD 7 Suite, Apt. #, etc.		3. Mailing Address 893 NW 131st AVENUE Suite, Apt. #, etc.			
City & State MIRAMAR, FL		City & State PEMBROKE PINES, FL		4. FEI Number 20-5244088	
Zip 33023		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANDIN, GARY I 3111 UNIVERSITY DRIVE SUITE 605 CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVILES, ANN-MARIE 1700 SW 86 AVENUE MIRAMAR, FL 33025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCOBARD, JR., BERBARD 6320 HARDING STREET HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Ann-Marie Aviles</i> ANN-MARIE AVILES DIRECTOR X 7-31-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					