

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000130400

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ROOM MATE HOTEL, INC.

**Current Principal Place of Business:**

ONE SE 3RD AVE., 25TH FLOOR  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

ONE SE 3RD AVE., 25TH FLOOR  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 74-3243644      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301      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: DP ( ) Delete  
Name: SARASOLA, ENRIQUE  
Address: 860 OCEAN DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: D ( ) Delete  
Name: O'SHANAHN, CARLOS M  
Address: 860 OCEAN DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: DT ( ) Delete  
Name: SANCHEZ, ENRIQUE  
Address: 860 OCEAN DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP ( ) Delete  
Name: PALAEZ, IVAN  
Address: 860 OCEAN DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: S ( ) Delete  
Name: FREYRE, PEDRO A  
Address: ONE SE THIRD AVENUE 25TH FLOOR  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PEDRO FREYRE

S

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date