2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2009
Secretary of State

DOCUMENT# P08000086450

Entity Name: INTERNATIONAL HOSPITALITY & DEVELOPMENT CORPORATION

Current Principal Place of Business:

2450 NE MIAMI GARDENS DR
2ND FLOOR
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2450 NE MIAMI GARDENS DR
2ND FLOOR
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 26-3476991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELDMAN, MARTIN
1930 HARRISON STREET
204
HOLLYWOOD, FL 33020 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	DARDASHTI, DAVID	
Address:	2450 NE MIAMI GARDENS DR, 2ND FLOOR	
City-St-Zip:	AVENTURA, FL 33180	
Title:	SVP	( ) Delete
Name:	DARDASHTI, JONATHAN	
Address:	2450 NE MIAMI GARDENS DR, 2ND FLOOR	
City-St-Zip:	AVENTURA, FL 33180	
Title:	VPO	( ) Delete
Name:	LANTIGUA, SILVERIO	
Address:	2450 NE MIAMI GARDENS DR, 2ND FLOOR	
City-St-Zip:	AVENTURA, FL 33180	
Title:	T	( ) Delete
Name:	SHARAN, MURRY	
Address:	2450 NE MIAMI GARDENS DR, 2ND FLOOR	
City-St-Zip:	AVENTURA, FL 33180	

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:	

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: DAVID DARDASHTI DP 05/27/2009

Electronic Signature of Signing Officer or Director — Date