

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000035550

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** SHAMROCK HOSPITALITY, INC

**Current Principal Place of Business:**

3403 W WATERS AVE  
TAMPA, FL 33614

**New Principal Place of Business:**

503 E. JACKSON ST.  
TAMPA, FL 33602

**Current Mailing Address:**

3403 W WATERS AV  
TAMPA, FL 33614

**New Mailing Address:**

503 E. JACKSON ST.  
TAMPA, FL 33602

**FEI Number:** 26-4710355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELGADO, MANUEL JR  
3403 W WATERS AVE  
TAMPA, FL 33614 US

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

SHAMROCK TRUST  
503 E. JACKSON ST.  
TAMPA, FL 33602 US

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: L. ARMAS

04/11/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SHAMROCK TRUST  
Address: 503 E. JACKSON ST.  
City-St-Zip: TAMPA, FL 33602

I hereby 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 all other like empowered.

SIGNATURE: SHAMROCK TRUST

D

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date