

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000065307

**FILED**  
**Jun 25, 2012**  
**Secretary of State**

**Entity Name:** INNKEEPER RECEIVER KISSIMMEE, INC.

**Current Principal Place of Business:**

20001 GULF BLVD  
SUITE 5  
INDIAN SHORES, FL 33785 US

**Current Mailing Address:**

20001 GULF BLVD  
SUITE 5  
INDIAN SHORES, FL 33785 US

FEI Number: 45-2795445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARDITI, GILLES  
20001 GULF BLVD  
SUITE 5  
INDIAN SHORES, FL 33785 US

**New Principal Place of Business:**

535 CENTRAL AVENUE  
SUITE 316  
SAINT PETERSBURG, FL 33701 US

**New Mailing Address:**

535 CENTRAL AVENUE  
SUITE 316  
SAINT PETERSBURG, FL 33701 US

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

ARDITI, GILLES  
535 CENTRAL AVENUE  
SUITE 316  
SAINT PETERSBURG, FL 33701 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: GILLES ARDITI

06/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D, P  
Name: ARDITI, GILLES  
Address: 535 CENTRAL AVENUE, STE. 316  
City-St-Zip: SAINT PETERSBURG, FL 33701 US

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: GILLES ARDITI

D, P

06/25/2012

Electronic Signature of Signing Officer or Director

Date