

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12470

FILED
Apr 27, 2004
Secretary of State

Entity Name: THE CTF HOTEL MANAGEMENT CORPORATION

Current Principal Place of Business:

1615 M STREET, NW, SUITE #700
WASHINGTON, DC 20036 US

New Principal Place of Business:

Current Mailing Address:

ONE ALHAMBRA PLAZA
SUITE 1465
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 34-1217655 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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: DVPT () Delete
Name: GAFFNEY, PATRICK M.
Address: 1615 M STREET NW #700
City-St-Zip: WASHINGTON, DC 20036

Title: DP () Delete
Name: HEININGER, DANIEL
Address: 1615 M STREET NW #700
City-St-Zip: WASHINGTON, DC 20036

Title: VPS () Delete
Name: HORNBACHER, BRADLEY D
Address: ONE ALHAMBRA PLAZA, #1465
City-St-Zip: CORAL GABLES, FL 33134

Title: VPAS () Delete
Name: FUERST, HEIDI
Address: 1615 M STREET NW, SUITE 700
City-St-Zip: WASHINGTON, DC 20036

Title: () Delete
Name:
Address:
City-St-Zip:

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: VPAS () Change (X) Addition
Name: KAMINSKY, LARRY
Address: 1615 M STREET NW, SUITE 700
City-St-Zip: WASHINGTON, DC 20036

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRADLEY D. HORNBACHER

VPAS

04/27/2004

Electronic Signature of Signing Officer or Director

_____ Date