


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90198 036 ***150.00

DOCUMENT # P28387 1. Entity Name SAMANTHA HOTEL CORPORATION	
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Principal Place of Business 9336 CIVIC CENTER DR BEVERLY HILLS, CA 90210 US	Mailing Address 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90210
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60034139



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3070970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHERF, DAVID A 9336 CIVIC CENTER DR BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTX STANDEFFER, W. STEVEN 9336 CIVIC CENTER DR BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SMITH, M. HUE III 9336 CIVIC CENTER DR BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, MATTHEW J 9336 CIVIC CENTER DR BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. STEVEN STANDEFFER **W. STEVEN STANDEFFER** **8-24-06** **310-2784324**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #