


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P37373</b> 1. Entity Name MCM HOSPITALITY, INC.		
Principal Place of Business 655 HOLLOWAYS CIRCLE DEERFIELD BEACH, FL 33442	Mailing Address 655 HOLLOWAYS CIRCLE DEERFIELD BEACH, FL 33442	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
MCCAFFREY, MICHAEL  
655 HOLLOWAYS CIRCLE  
DEERFIELD BEACH, FL 33442

06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3772055	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MCCAFFREY, MICHAEL 2190 S.E. 17TH STREET, SUITE 308 FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRIFFIN, TIM 2190 S.E. 17TH STREET, SUITE 308 FT. LAUDERDALE, FL
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07/08/05-80005-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael McCaffrey MICHAEL MCCAFFREY 7/5/05 954 525-3922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #