2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# P93000007960

Entity Name: CLINTON HOTEL CORPORATION

Current Principal Place of Business:

6767 COLLINS AVE
602
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

6767 COLLINS AVE
602
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 65-0412757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SULKOWSKI, ISABELLA
6767 COLLINS AVE
STE 602
MIAMI BEACH, FL 33141 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SULKOWSKI, ISABELLA
Address: 6767 COLLINS AVE 602
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: SULKOWSKI, KAZIMIERZ
Address: 6767 COLLINS AVE 602
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD ( ) Delete
Name: TARTAGLIA, MARIA
Address: 6767 COLLINS AVE 602
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete
Name: TARTAGLIA, ARMANDO
Address: 6767 COLLINS AVE 602
City-St-Zip: MIAMI BEACH, FL 33141

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:

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: ISABELLA SULKOWSKI PD 07/01/2005

Electronic Signature of Signing Officer or Director — Date