

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000007960

FILED  
Jul 11, 2006  
Secretary of State

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 Chapter 119, 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

RA

07/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date