

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

05-16-2007 90023 030 ***150.00

DOCUMENT # P93000032717	
1. Entity Name H.E.S. HOTELS CORP.	

Principal Place of Business 1250 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442 US	Mailing Address 1250 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442 US
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DO NOT WRITE IN THIS SPACE

66019582



01062007 No Chg-P CR2E034 (11/05)

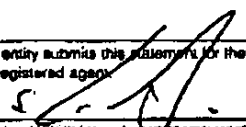
4. FEI Number 65-0406511	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**LEVY, SHIMON
820 E. COCO PLUM CIRCLE
PLANTATION, FL 33324**

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9. 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  DATE **4-30-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when representing)

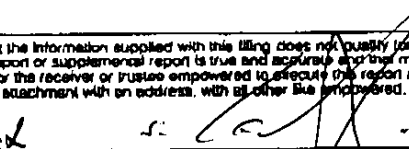
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee
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10. OFFICERS AND DIRECTORS

TITLE P	NAME LEVY, SHIMON
STREET ADDRESS 1250 W HILLSBORO BLVD,	
CITY - ST - ZIP DEERFIELD BEACH, FL 33442	
TITLE D	NAME [REDACTED]
STREET ADDRESS [REDACTED]	
CITY - ST - ZIP [REDACTED]	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

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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 807, 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 filers empowered.

SIGNATURE:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR