


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000022279	
1. Entity Name HOSPITALITY BY BRENDA GORDON, INC.	

Principal Place of Business 17017 S.W. 53 CT. MIRAMAR, FL 33027 US	Mailing Address 17017 S.W. 53 CT. MIRAMAR, FL 33027 US
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DO NOT WRITE IN THIS SPACE

02102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0484147	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GORDON, BRENDA
17017 SW 53RD CT
MIRAMAR, FL 33027**

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 P	GORDON, BRENDA
NAME	
STREET ADDRESS	17017 SW 53RD CT
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE VP	PROCACCINI, LAWRENCE
NAME	
STREET ADDRESS	17017 SW 53RD CT
CITY-ST-ZIP	HOLLYWOOD, FL 33027
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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03/29/05-80013-006 158.75

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: Brenda Gordon **3/20/05**

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