2006 FOR PROFIT CORPORATION

FILED Apr 28, 2006 08:00 AM

ANNUAL REPURI				Secretary of State			
DOCU	MENT # P950000492				·		
1. Entity Name				{			
INTRAM	HOSPITALITY, INC.			}			
<u> </u>		- 	- TOP	}			
-	ce of Business	Mailing Address		{			
5728 MAIOF Suite 601	₹BLVD.	5728 MAJOR BLVD.					
ORLANDO, F	3 32819	SUITE 601 Orlando, Fl. 32819					
					4 1934 1 00 31 0 43 0 140		***** **** BYNES! () ****)
	·						
			02242008	No Chg-P	CRZE034	L (11/05)	
DO NOT WRITE IN THIS SPA			CE				
				4. FEI Numb 59-333			Applied For Not Applicable
				}		\$	3.75 Additional
				o. Certificate	of Status Desired		e Required
8. Name and Address of Current Registered Agent							
KHATIB, F	RASHID A.		DO	NOT W	DITE		
5728 MÁJOR BLVD.			1	טע	MOI AA	KHC	
SUITE 601		•	IN .	THIS SP	ACE		
ONLANDO), FL 32819		41.4		70L		
 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. 							
mo posigor	eria di regionale agenti.						
SIGNATURE Signature, typed or printed name of implished agent and title if epolicable. (MOTE: Registered Agent signature required when rehistating) DATE							
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			F	.00 May Be ed to Fees			
10.	OFFICERS AND DIE	RECTORS	<u>r — — — — — — — — — — — — — — — — — — —</u>		<u> </u>		
TITLE	PSTD		ł				
NAME	KHATIB, RASHID A	7.1					
STREET ADDRESS	5728 MAJOR BLVD., STE 601	-	l				
CHA-21-TA	ORLANDO, FL 32819				ມກົກກົກກ	ピオつのつぎ	
TIRLE	D VIOLEN ZALE		}		000000	∙34८023 ∙2011 0 –0	117 150.00
name Street address	KHOURI, ZAHI 5728 MAJOR BLVD., STE 601		i		001 101 00	טטנוט נ	111 130.00
CITY-ST-ZIF	ORLANDO, FL 32819		1				
TITLE	VFP		ł				
NAME	HODGE, RANDALL R		i				
STREET ADDRESS	5728 MAJOR BLVD., STE 601		Į.		1 (OT 11)		
CITY-SI-ZIP	ORLANDO, FL 32819	•],	UU	NOT W	KIIE	
TITLE			1	385 "	THIC CO	MOT	
NAME			f	113	THIS SP	Aしに	
STREET ADDRESS			į.				
CITY-ST-ZIP	<u> </u>		1				
TITLE			1				
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12. Thereby certify that the information supplied with this filling 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 path; 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:

COLOR STATUTE

**COLO

SIGNATURE: __

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRI