

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000052149

FILED
Mar 16, 2004
Secretary of State

Entity Name: ASTRAL HOSPITALITY MANAGEMENT, INC.

Current Principal Place of Business:

20185 E COUNTRY CLUB DRIVE
#202
AVENTURA, FL 33180 US

New Principal Place of Business:

400 BEACH RD.
#103
TEQUESTA, FL 3469 US

Current Mailing Address:

20185 E COUNTRY CLUB DRIVE
#202
AVENTURA, FL 33180 US

New Mailing Address:

400 BEACH RD.
#103
TEQUESTA, FL 33469 US

FEI Number: 65-0597195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GHALAM, HASSAN
20185 E COUNTRY CLUB DRIVE
#202
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

GHALAM, HASSAN
400 BEACH RD.
AVENTURA, FL 33180 US

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:

03/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GHALAM, HASSAN
Address: 20185 E. COUNTRY CLUB DRIVE
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GHALAM, HASSAN
Address: 400 BEACH RD. #103
City-St-Zip: TEQUESTA, FL 33469

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: HASSAN GHALAM

PRES

03/16/2004

Electronic Signature of Signing Officer or Director

Date