## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 16, 2004 8:00 am **Secretary of State** DOCUMENT # P96000077402 1. Entity Name 03-16-2004 90028 008 \*\*\*150.00 BOYNTON BEACH HOSPITALITY, INC. Principal Place of Business Mailing Address 1515 NORTH FEDERAL HIGHWAY 1515 NORTH FEDERAL HIGHWAY 14000193 SUITE 300 BOCA RATON FL 33432 SUITE 300 BOCA RATON FL 33432 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-0700438 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAHN, JEFFREY B CPA Street Address (P.O. Box Number is Not Acceptable) 1515 NORTH FEDERAL HIGHWAY SUITE 300 **BOCA RATON FL 33432** Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE [ ] Change ☐ Addition TITLE ח ☐ Delete GUARINI, PATRICK NAME NAME 1515 NORTH FEDERAL HIGHWAY, SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP Federal Huy Site 300 ☐ Change Addition TITLE LITTLE SIMON, PETER NAME 1515 NORTH FEDERAL HIGHWAY, SUITE 300 STREET ADDRESS STREET ADDRESS 33432 CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete COSMAS, JOHN NAME STREET ADDRESS 1515 N FEDERAL HWY S-300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITEE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify 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 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. 5 Cortas PULS JoHN 5 COSTAS 3/12/04 561-738-1405
PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
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