

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 30, 2006 08:00 AM
Secretary of State**

DOCUMENT # P96000078875

1. Entity Name
PREMIER HOSPITALITY MANAGEMENT, INC.



Principal Place of Business
**2424 N. ATLANTIC AVE.
DAYTONA BEACH, FL 32118**

Mailing Address
**2424 N. ATLANTIC AVE.
DAYTONA BEACH, FL 32118**



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0705724

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CFRA, LLC
4221 W. BOY SCOTT BLVD., 10TH FLOOR
TAMPA, FL 33607-5736**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000407628
02/08/06-80028-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MADORSKY, MARSHA G
STREET ADDRESS	2000 S BAYSHORE DRIVE VILLA 41
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	P
NAME	KANDEL, MARTIN M
STREET ADDRESS	100 EAST GRANADA BLVD
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	ST
NAME	SCHLOSSBERG, STEVEN M
STREET ADDRESS	1601 N. HALIFAX AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: STEVE SCHLOSSBERG 1-31-06 386-267-2026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #