

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000081521

Entity Name: SOLEIL FLORIDA CORP.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

339 JEFFERSON ROAD
PARSIPPANY, NJ 07054

New Principal Place of Business:

Current Mailing Address:

1CAMPUS DRIVE
PARSIPPANY, NJ 07054

New Mailing Address:

CENDANT CORPORATE US
P.O. BOX 981335
EL PASO, TX 799981337

FEI Number: 13-3921720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BUCKMAN, JAMES E
Address: 9 WEST 37TH STREET
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: SMITH, RICHARD A
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: C () Delete
Name: SMITH, RICHARD A
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: PCEO () Delete
Name: BECKER, ROBERT M
Address: 339 JEFFERSON RD
City-St-Zip: PARSIPPANY, NJ 07054

Title: EVPS () Delete
Name: BOCK, ERIC J
Address: 9 WEST 57TH STREET
City-St-Zip: NEW YORK, NY 10019

Title: EVP () Delete
Name: BUCKMAN, JAMES
Address: 9 WEST 57TH STREET
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/C (X) Change () Addition
Name: SMITH, RICHARD A
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: VP (X) Change () Addition
Name: HUBER, JOSEPH J
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: PCEO (X) Change () Addition
Name: ZIPF, BRUCE
Address: 339 JEFFERSON RD
City-St-Zip: PARSIPPANY, NJ 07054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EVPT (X) Change () Addition
Name: WYSHNER, DAVID B
Address: 1 CAMPUS DRIVE
City-St-Zip: NEW JERSEY, NJ 07054

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: JOSEPH J. HUBER

VP

04/21/2005

Electronic Signature of Signing Officer or Director

Date