

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000029585

1. Entity Name
MAK HOTEL MANAGEMENT, INC.



Principal Place of Business
**2665 SOUTH BAYSHORE DR
PENTHOUSE IIA
MIAMI, FL 33133**

Mailing Address
**2665 SOUTH BAYSHORE DR
PENTHOUSE IIA
MIAMI, FL 33133**



03242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0747532

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KATZ, EZRA
2665 S. BAYSHORE DRIVE, PH2A
MIAMI, FL 33133**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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04/23/08-0012-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KATZ, EZRA 2665 SOUTH BAYSHORE DR PH IIA MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP ASHBEL, BOAZ 2665 S BAYSHORE DRIVE PH2A MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MARIN, JOSEPH 2665 S BAYSHORE DR PH2A MIAMI, FL 33133
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #