## 2007 FOR <del>PROF</del>IT CORPORATION ANNUAL REPORT

## Feb 12, 2007 08:00 AM **DOCUMENT # P97000056069 Secretary of State** 1. Entity Name JACARANDA HOSPITALITY, INC. Principal Place of Business Mailing Address **400 COMMERCIAL COURT** 400 COMMERCIAL COURT VENICE, FL 34292 US VENICE, FL 34292 No Chg-P CR2E034 (11/05) 01242007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 62-1701955 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GURAN, BOHDAN T DO NOT WRITE 400 COMMERCIAL COURT VENICE, FL 34292 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 again and trile if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE GURAN, ZENON NAME STREET ADDRESS 6914 CONLEY DR CiTY-ST-ZiP POLK CITY, FL 33868 U00000633936 TITLE 02/21/07-80083-005 158.75 GURAN, BOHDAN NAME STREET ADDRESS 400 COMMERCIAL COURT CITY-ST-ZIP VENICE, FL 34292 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this fiting 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 the proposered or one attachment and directs with all other proposered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/07

941-480-9898

Davtime Phone #

**FILED**