


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90046 007 \*\*\*150.00

<b>DOCUMENT # P97000066545</b> 1. Entity Name <b>THREE HOTELS CORPORATION</b>	
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Principal Place of Business 1111 LINCOLN ROAD STE 400 MIAMI BCH, FL 33139	Mailing Address 1111 LINCOLN ROAD STE 400 MIAMI BCH, FL 33139
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**DO NOT WRITE IN THIS SPACE**



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0773656</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**HOWARD, EUGENE J**  
**1111 LINCOLN ROAD STE 400**  
**MIAMI BCH, FL 33139**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWARD, EUGENE J 1111 LINCOLN RD STE 400 MIAMI BCH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBERG, JAY 1111 LINCOLN RD STE 400 MIAMI BCH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEINBERG, SCOTT 1111 LINCOLN RD STE 400 MIAMI BCH, FL 33139
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TITLE NAME STREET ADDRESS 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 addressee with all other like empowered.

SIGNATURE: Scott Weinberg Date: 2/16/04 Daytime Phone #: 305 530 6361