

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000087440

1. Entity Name
PADC HOSPITALITY CORPORATION I



FILED

07 JUL 20 AM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
550 BILTMORE WAY
SUITE 970
MIAMI, FL 33134

Mailing Address
550 BILTMORE WAY
SUITE 970
MIAMI, FL 33134

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06252007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0791535

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE M ☐ Delete
NAME PEEBLES, R DONAHUE
STREET ADDRESS 550 BILTMORE WAY STE 970
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE Director ☒ Change ☐ Addition
NAME Peebles, R Donahue
STREET ADDRESS 550 Biltmore Way, Suite 970
CITY-ST-ZIP coral gables, FL 33134

TITLE VP ☐ Delete
NAME GRIMM, DANIEL H
STREET ADDRESS 550 BILTMORE WAY
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
NAME 800108387228
STREET ADDRESS 08/21/07--01054--002 **61.25
CITY-ST-ZIP

TITLE S ☒ Delete
NAME GASKELL, JUDITH
STREET ADDRESS 550 BILTMORE WAY
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Delete
NAME HOFFMAN, STUART A
STREET ADDRESS 550 BILTMORE WAY AVE 970
CITY-ST-ZIP MIAMI, FL 33134

TITLE President ☐ Change ☒ Addition
NAME STUART K. HOFFMAN
STREET ADDRESS 550 Biltmore Way, Suite 970
CITY-ST-ZIP coral gables, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

STUART K. HOFFMAN

Date

6/25/07 305 442 4242

Daytime Phone #