

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90058 038 ***150.00

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03102005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000011231 1. Entity Name JEB HOTEL MANAGEMENT, INC.					
Principal Place of Business 2000 S DIXIE HWY STE 100 MIAMI, FL 33133			Mailing Address 2000 S DIXIE HWY STE 100 MIAMI, FL 33133		
2. Principal Place of Business <i>2665 S Bayshore Dr.</i> Suite, Apt. #, etc. <i>PH IIA</i>		3. Mailing Address <i>2665 S Bayshore Dr</i> Suite, Apt. #, etc. <i>PH IIA</i>		4. FEI Number 65-0811605 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State <i>Miami, FL</i>		City & State <i>Miami FL</i>			
Zip <i>33133</i>		Zip <i>33133</i>			
Country <i>USA</i>		Country <i>USA</i>			
6. Name and Address of Current Registered Agent KATZ, EZRA 2665 S BAYSHORE DR PH IIA MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, EZRA 2665 S BAYSHORE DR PH IIA MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHBEL, BOAZ A 2000 S DIXIE HWY STE 100 MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIN, JOSPEH 3031 N 34 ST HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 address, with all other fee empowered.					
SIGNATURE: <i>EZRA KATZ</i> 3/18/05 (305) 854-5000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					