

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000014166

1. Entity Name  
DESTINATION MIAMI HOTEL, INC.



FILED

05 APR 12 PM 3: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
11777 SAN VICENTE BLVD.,  
SUITE 900  
LOS ANGELES, CA 90049

Mailing Address  
11777 SAN VICENTE BOULEVARD  
SUITE 900  
LOS ANGELES, CA 90049

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04082005 Chg-P CR2E034 (10/03)



City & State  
Zip Country

4. FEI Number  
52-2080361

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PECK, CHARLES S 10333 E. DRY CREEK RD #450 ENGLEWOOD, CO 80112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT POLADIAN, AVEDICK B 11777 SAN VICENTE BLVD., SUITE 900 LOS ANGELES, CA 90049	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKEY, MARK F 10333 EAST DRY CREEK ROAD, SUITE 900 ENGLEWOOD, CO 80112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARSEN, LEANNE 11777 SAN VICENTE BV SUITE 900 LOS ANGELES, CA 90049	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEMARCO, JOHN M 11777 SAN VICENTE BLVD., SUITE 900 LOS ANGELES, CA 90049	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PLATT, JOHN B III 26 W MICHELTORRENA ST SANTA BARBARA, CA 93101	<input checked="" type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800050555718 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pennya, Salve A. 11777 San Vicente Blvd., Suite 900 Los Angeles, CA 90049	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 like empowered.

SIGNATURE: Leanne Larsen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2005 310-571-4345  
Date Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 307855 5041389

AUTHORIZATION : *Patricia Pizot*

COST LIMIT : \$ 61.25

ORDER DATE : April 11, 2005

ORDER TIME : 10:07 AM

ORDER NO. : 307855-020

CUSTOMER NO: 5041389

CUSTOMER: Ms. Leanne Larsen  
Lowe Enterprises, Inc.  
Suite 900  
11777 San Vicente Blvd.  
Los Angeles, CA 90049

RECEIVED  
05 APR 12 PM 12:56  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

ANNUAL REPORT FILING

NAME: DESTINATION MIAMI HOTEL, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS: \_\_\_\_\_