2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000074537

1. Entity Name
INTERCOASTAL HOTEL & RESORT INC.

Principal Place of Business
26 DIPLOMANT PARKWAY
HALLANDALE, FL 33009

Mailing Address
26 DIPLOMANT PARKWAY
HALLANDALE, FL 33009

01122004 No Chg ? CR2E084 (10/03)

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d. FEI Number
65-0862210

Applied For
Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

MORALES, MARIA
3590 E 1 AVE
HIALEAN, FL 33013

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9. 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 _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORALES, MARIA
STREET ADDRESS	415 HOLLWAY DRIVE
CITY ST ZIP	HALLANDALE, FL 33009
TITLE	SD
NAME	ALFONSO, RAFAEL
STREET ADDRESS	26 DIPLOMANT PARKWAY
CITY ST ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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NAME	
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CITY ST ZIP	

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01/22/04-80011-017 150.00

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11. 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: Maria Morales 1/17/04 954 454-05881
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — DAYTIME PHONE #