## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P98000081024

1. Entity Name

THE HOTEL OF SOUTH BEACH, INC.



Principal Place of Business

801 COLLINS AVENUE MIAMI BEACH, FL 33139

Mailing Address

804 OCEAN DRIVE 2ND FLOOR

MIAMI BEACH, FL 33139

## FILED Apr 07, 2008 8:00 am Secretary of State

04-07-2008 90051 003 \*\*\*158.75

4000--



01082008

No Chg-P

CR2E034 (11/05)

4. FE! Number 65-0873995

Applied For Not Applicable

5. Certificate of Status Desired

4

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARLO, COURTNEY 804 OCEAN DRIVE 2ND FLOOR MIAMI BEACH, FL 33139

## DO NOT WRITE IN THIS SPACE

				h .		* *	•
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registe	ered office or re	egistered agent, or b	oth, in the State of	Florida. I am fam	iliar with, and accept
SIGNATURE.							
SIGNATORE	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registe	red Agent signature	required when reinstating)	<u></u>	DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fine Trust Fund Contribution				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			9,		1.
TITLE	PD		h.				:
NAME	GOLDMAN, ANTHONY R						
STREET ADDRESS	804 OCEAN DRIVE, 2ND FLOOR		^				
CITY-ST-ZIP	MIAMI BEACH, FL 33139		1.7		• • •		
TITLE	SD			er er <del>t</del> akan galang			
NAME	GOLDMAN-SREBNICK, JESSICA				Care .		· .
STREET ADDRESS	804 OCEAN DRIVE, 2ND FLOOR		7 324			in the state of the	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		C. Carrier Co.			·= #4 ,	
TITLE							
NAME			· .		» ,		
STREET ADDRESS			19	· · ·	NATI		ι , ξ
CITY-ST-ZIP				טט	NOT V	NKILE	1. 1
TITLE				181	TIUC C	DACE	. *
NAME				IIN	THIS S	PACE	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			** *	¥			* * *
CITY-ST-ZIP				8.4 8.1.	e di, y		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
TITLE		•		*	4		* * * * * * * * * * * * * * * * * * * *
NAME				*	1 44		*•
STREET ADDRESS					-		
CITY-ST-ZIP							
TITLE						Park Barre	at Ismar Say
NAME							
CIDECT ADDOCCC			5 5.2	and the second second		- 27 <del>5-</del> - 1-7	

12. I hereby certify that the information supplied with this filling 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 a potner like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #