.... 2004 FOR PROFIT CORPORATION

Apr 28, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P98000082964 04-28-2004 90259 026 ***150.00 HOSPITALITY DEVELOPMENT GROUP, INC. Principal Place of Business Mailing Address 550 S FEDERAL HIGHWAY 550 S FEDERAL HIGHWAY FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 24058475 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0986123 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADACHE, DANIEL 550 S FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33301 City Zip Code FL 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition KRYSTOFF, JERROLD NAME NAME STREET ADDRESS 550 S. FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIF FORT LAUDERDALE, FL 33301 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ADACHE, DANIEL E NAME NAME STREET ADDRESS 550 S FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 of 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 w

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CiTY-ST-ZIP

ER OR DIRECTOR

☐ Delete

☐ Change

Addition

FILED