


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000090738	
1. Entity Name HOSPITALITY 101 CLUB MANAGEMENT & CONSULTANTS, INC.	

Principal Place of Business 6285 NW 52ND STREET CORAL SPRINGS FL 33067	Mailing Address 6285 NW 52ND STREET CORAL SPRINGS FL 33067
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 31-1634957	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DORFMANN, IRVING 8280 S.W. 24TH STREET SUITE #110 NORTH LAUDERDALE FL 33068
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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
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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	NAME
PTS	CAPRIO, ROBERT L
STREET ADDRESS	6285 N.W. 52ND STREET
CITY - ST - ZIP	CORAL SPRINGS FL 33067
<input type="checkbox"/> Delete	
TITLE	NAME
PVTD	CAPRIO, ROBERT L
STREET ADDRESS	6285 N.W. 52ND STREET
CITY - ST - ZIP	CORAL SPRINGS FL 33067
<input type="checkbox"/> Delete	
TITLE	NAME
SD	CAPRIO, BETH S
STREET ADDRESS	6285 N.W. 52ND STREET
CITY - ST - ZIP	CORAL SPRINGS FL 33067
<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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
U00000245402	
02/28/05-80023-024 150.00	
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	
<input type="checkbox"/> Change <input 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:  **3/1/05** **954-541-5464**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #