2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000096268

696 NE 125TH ST

NO. MIAMI, FL 33161 US

Address: City-St-Zip: FILED Feb 27, 2009 Secretary of State

Entity Name: MEDLEY MOTEL, INC. **Current Principal Place of Business: New Principal Place of Business:** 696 NE 125 ST MIAMI, FL 331615546 **Current Mailing Address: New Mailing Address:** 696 NE 125 ST MIAMI, FL 331615546 FEI Number: 65-0090767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBERT A. BRANDT, P.A. KRAUSE, ARNIE CFO 696 NE 125TH ST 696 NE 125TH ST N. MIAMI, FL 33161 N. MIAMI, FL 33161 US US 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. SIGNATURE: ARNIE KRAUSE 02/27/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition IZHAK, YORAM Name: Name: 696 NE 125TH ST Address: Address: City-St-Zip: NO. MIAMI, FL 33161 US City-St-Zip: Title: VPD () Delete Title: () Change () Addition CABRERIZO, TOMAS Name: Name: 696 NE 125TH ST Address: Address: NO. MIAMI, FL 33161 US City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition MALLER, ERIC Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: YORAM IZHAK PD 02/27/2009