


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90031 049 \*\*\*150.00

<b>DOCUMENT # P99000008074</b>					
<b>1. Entity Name</b> K & R SUITE MANAGEMENT, INC.					
<b>Principal Place of Business</b> 2400 WEST CYPRESS CREEK ROAD FT. LAUDERDALE, FL 33309			<b>Mailing Address</b> 80 SW 8TH STREET SUITE 2000 MIAMI, FL 33130		
<b>2. Principal Place of Business</b> 80 SW 8th ST Suite/Apt. #, etc. 2000		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State MIAMI		City & State MIAMI	
City & State MIAMI		City & State MIAMI		<b>4. FEI Number</b> 65-0891424	
Zip 33130		Country MIAMI - FL		Zip 33130	
<b>6. Name and Address of Current Registered Agent</b> MILLER, ROSS 2400 W. CYPRESS CREEK RD #100 FORT LAUDERDALE, FL 33309		<b>7. Name and Address of New Registered Agent</b> Name: Ross Miller Street Address (P.O. Box Number is Not Acceptable): 80 SW 8th ST Suite 2000 City: MIAMI FL Zip Code: 33130			
<b>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.</b> SIGNATURE: <u>Ross Miller</u> DATE: <u>3-23-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> CEO <b>NAME</b> MILLER, ROSS <b>STREET ADDRESS</b> 1300 EAST LAKE DR <b>CITY-ST-ZIP</b> FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		<b>TITLE</b> CEO <b>NAME</b> Miller, Ross <b>STREET ADDRESS</b> 11402 SW 25th CT <b>CITY-ST-ZIP</b> DAVIE, FL 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> BYRON, KELLY <b>STREET ADDRESS</b> 2009 NE 22ND ST <b>CITY-ST-ZIP</b> WILTON MANORS, FL 33305	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Ross Miller</u> DATE: <u>3-23-04</u> DAYTIME PHONE #: <u>305-908-7600</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					