


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90134 007 \*\*\*150.00

<b>DOCUMENT # P99000040980</b>	
1. Entity Name <b>HOSPITALITY GROUP, INC.</b>	

Principal Place of Business <b>1475 W GATEWAY BLVD BOYNTON BEACH FL 33426</b>	Mailing Address <b>1475 W GATEWAY BLVD BOYNTON BEACH FL 33426</b>
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2. Principal Place of Business <i>1601 Worthington Rd</i>	3. Mailing Address <i>1601 Worthington Rd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>W. Palm Beach FL</i>	City & State <i>W. Palm Beach FL</i>
Zip <i>33409</i>	Zip <i>33409</i>
Country	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>HAHN, JEFFERY CPA 1515 N FEDERAL HWY BOCA RATON FL 33432</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUARINI, PATRICK 1475 W GATEWAY BLVD BOYNTON BEACH FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1601 Worthington Rd W. Palm Beach FL 33409</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON, DAVID 1475 W GATEWAY BLVD BOYNTON BEACH FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1601 Worthington Rd W. Palm Beach FL 33409</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSTAS, JOHN 1475 W. GATEWAY BLVD BOYNTON BEACH FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1601 Worthington Rd W. Palm Beach FL 33409</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P.</i> Robert Guarini <i>1601 Worthington Rd W. Palm Beach 33409</i> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *[Signature]* *V.P.* *4/15/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #