

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P99000055977

1. Entity Name
HOTEL GENERAL PARTNER, INC.



Principal Place of Business

2121 SW 3RD AVE
SUITE 800
MIAMI, FL 33129

Mailing Address

2121 SW 3RD AVE
SUITE 800
MIAMI, FL 33129



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0931736

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PITA, RODOLFO E
2121 SW 3RD AVENUE
SUITE 800
MIAMI, FL 33129

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
POMA, ERNESTO O
2121 S.W. THIRD AVENUE, #800
MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
PITA, RODOLFO E
2121 S.W. THIRD AVENUE, #800
MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000845746
03/17/08-80007-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/29/08
Date

305/285-2211
Daytime Phone #