2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2008 08:00 AN Secretary of State

DOCUMENT # P9900005 1. Entity Name ME HOTEL PARTNER, INC.	7881	
Principal Place of Business	Mailing Address	
2121 SW 3RD AVE Suite 800 Miami, FL 33129	2121 SW 3RD AVE Suite 800 Miami, Fl 33129	

02212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0940757 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PITA, RODOLFO E DO NOT WRITE 2121 SW 3RD AVENUE SUITE 800 MIAMI, FL 33129 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 П Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME PITA, RODOLFO E STREET ADDRESS 2121 SW 3RD AVE, STE 800 CITY-ST-ZIP MIAMI, FL 33129 TITLE U00000857890 NAME 04/01/08-80022-014 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08 ³⁰/18

Daylims Phone #