

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P99000075679</b> 1. Entity Name <b>LAFAYETTE MOTEL, INC.</b>						<div style="font-size: 24px; font-weight: bold; transform: rotate(-10deg);">FILED</div> <div style="font-size: 18px; font-weight: bold; transform: rotate(-10deg);">05 MAR -3 PM 2:45</div> <div style="font-size: 14px; font-weight: bold; transform: rotate(-10deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>1525 W. TENNESSEE ST. TALLAHASSEE, FL 32304</b>				Mailing Address <b>1525 W. TENNESSEE ST. TALLAHASSEE, FL 32304</b>			
2. Principal Place of Business <b>1525 W. TENNESSEE ST</b>		3. Mailing Address <b>1525 W. TENNESSEE ST</b>					
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -					
City & State <b>As Above</b>		City & State <b>TALLAHASSEE</b>					
Zip <b>32304</b>		Country <b>LEON</b>		03032005 Chg-P CR2E034 (10/03) <i>th</i>		4. FEI Number <b>59-3595771</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> <b>PATEL, J.C. 819 MCGUIRE AVE TALLAHASSEE, FL 32303</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>PATEL J.C</b> Street Address (P.O. Box Number is Not Acceptable) <b>819 MCGUIRE AVE</b> City <b>TALLAHASSEE</b> <b>FL</b> Zip Code <b>32303</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. SIGNATURE <i>[Signature]</i> <b>3.3.2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>PATEL, J.C</b> STREET ADDRESS <b>819 MCGUIRE AVE</b> CITY-ST-ZIP <b>TALLAHASSEE, FL 32303</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <b>S</b> <input type="checkbox"/> Delete NAME <b>PATEL, S J</b> STREET ADDRESS <b>819 MCGUIRE AVE</b> CITY-ST-ZIP <b>TALLAHASSEE, FL 32303</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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>SIGNATURE: Patel J.C</b> <b>3.3.2005</b> <b>366 735 3</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							