

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000110367

Entity Name: RITZ RESORT MOTEL, INC.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

355 S GULFVIEW BLVD
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

355 S GULFVIEW BLVD
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 59-3616330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIADLA, WERONIKA
355 S GULFVIEW BLVD
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GIADLA, WERONIKA
Address: 355 S. GULFVIEW BLVD
City-St-Zip: CLEARWATER, FL

Title: S () Delete
Name: GIADLA, ALOJZY
Address: 355 S. GULFVIEW BLVD
City-St-Zip: CLEARWATER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GIADLA, WERONIKA
Address: 355 S. GULFVIEW BLVD
City-St-Zip: CLEARWATER, FL 33767

Title: S (X) Change () Addition
Name: GIADLA, ALOJZY
Address: 355 S. GULFVIEW BLVD
City-St-Zip: CLEARWATER, FL 33767

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WERONIKA GIADLA

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date