


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S10575**  
 1. Entity Name  
 MDM HOTELS, INC.



Principal Place of Business: 9090 S. DADELAND BLVD. SUITE 210 MIAMI, FL 33156 US  
 Mailing Address: 9090 S. DADELAND BLVD. SUITE 210 MIAMI, FL 33156 US

**DO NOT WRITE IN THIS SPACE**



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0232339  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
 GARCIA, EDUARDO  
 9090 S DADELAND BLVD  
 STE 210  
 MIAMI, FL 33156

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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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	DPT PULENTA, LUIS A. 9090 S DADELAND BLVD MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GLAS, RICARDO 9090 S DADELAND BLVD MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDUARDO, GARCIA 9090 S DADELAND BLVD MIAMI, FL 33156
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 05/05/05-80021-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] [Signature] [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #