

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S67961

1. Entity Name
HOSPITALITY MARKETING ASSOCIATES, INC.



Principal Place of Business
**15979 SW 14TH STREET
PEMBROKE PINES, FL 33028**

Mailing Address
**P.O. BOX 820456
HOLLYWOOD, FL 33082**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**WEINER, LAWRENCE ALAN
20165 NW 10 ST.
HOLLYWOOD, FL 33028**

Name

Street Address (P.O. Box Number is Not Acceptable)
15979 S.W. 14th Street

City
Pembroke Pines

FL Zip Code
33027

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEINER, LAWRENCE ALAN 20165 NW 10 ST HOLLYWOOD, FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15979 S.W. 14th Street Pembroke Pines FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05

Date

Daytime Phone #

**FILED
Feb 14, 2005 8:00 am
Secretary of State**

02-14-2005 90043 002 ***150.00

40017599



02012005 Chg-P CR2E034 (10/03)