

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-14-2005 90043 002 ***150.00

DOCUMENT # S67961

1. Entity Name
HOSPITALITY MARKETING ASSOCIATES, INC.



40017599

Principal Place of Business
**15979 SW 14TH STREET
PEMBROKE PINES, FL 33020**

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
33027

Country

Zip

Country

02012005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0274879

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEINER, LAWRENCE ALAN
20165 NW 10 ST.
HOLLYWOOD, FL 33029**

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 33029**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**15979 S.W. 14th Street
Pembroke Pines FL 33027**

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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

Date

Daytime Phone #

Lawrence Weiner
2/11/05