2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90007 019 ***150.00

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01282007 Chg-P CR2E034 (12/06)

DOCUMENT # S67961

1. Entity Name
HOSPITALITY MARKETING ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~15979 SW 14TH STREET~~	~~P.O. BOX 820456~~
~~PEMBROKE PINES, FL 33028~~	~~HOLLYWOOD, FL 33082~~

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
411 Mallard Road		P.O. Box 267757	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State: Weston, FL 33327		City & State: Fort Lauderdale, FL	
Zip	Country	Zip: 33326	Country: USA

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

WEINER, LAWRENCE ALAN
~~15979 SW 14TH STREET~~
~~HOLLYWOOD, FL 33027~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 411 Mallard Road
City: Weston FL Zip Code: 33327

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, 2007 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 ~~15979 SW 14TH STREET~~ ~~HOLLYWOOD, FL 33027~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 411 Mallard Road Weston, FL 33327	☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] Lawrence Weiner 2.2.07 954-205-4642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #