2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 08:00 A Secretary of State

ANNUAL REPORT			Secretary of St
DOCUMENT # V597	79		Secretary of St
1. Entity Name	-		
HOTEL CARDOZO, INC.			
Principal Place of Business	Mailing Address		
420 JEFFERSON AVE.	420 JEFFERSON AVE.		
MIAMI BEACH, FL 33139 US	MIAMI BEACH, FL 33139	US	
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DO NOT WI	RITE IN THIS SPA	ACE	01082007 No Chg-P CR2E034 (11/05)
DO NOT WI	VIIE IN THIS SE	ACE	4. FEI Number Applied For 65-0353355 Not Applicable
,	in the second second		\$9.75 Additional
	:	· .	5. Certificate of Status Desired Fee Required
6. Name and Address of	of Current Registered Agent		
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., STE. 3000		,	DO NOT WRITE
			· ·
MIAMI, FL 33131			IN THIS SPACE
The above named entity submits this st the obligations of registered agent.	atement for the purpose of changing its regi-	istered office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature typed or printed name of re	gistered agent and title if applicable (NOTE: Reg	pstered Agent signature required	Swhen (einstating) DATE
FILE NOWIII FEE IS \$15 After May 1, 2007 Fee will b	9. Election Campaign F Trust Fund Contributi	Financing \$5. tion.	.00 May Be led to Fees
 	CERS AND DIRECTORS		
TITLE			
STREET ADDRESS 420 JEFFERSON AVE.		4.	
CITY-ST-ZIP MIAMI BEACH, FL 331	39	•	
TITLE			u00000717609
NAME STREET ADDRESS			04/20/07-20055-008 150-0
CITY-ST-ZIP			
TITLE			
NAME STREET ADDRESS		1	
CITY-ST-ZIP		,	DO NOT WRITE
TULE			IN THIS SPACE
NAME CHICKY ADDRESS			IN THIS STAGE
STREET ADDRESS CITY-ST-ZIP		,	
TITLE			
NAME			
STREET ADDRESS CITY-ST-ZIP		1.	•
TITLE		 '·	
NAME			

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 if am an officer or director of the corporation of the receiver or trastiff 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:

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April-18.07.