2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Feb 04, 2004 8:00 am Secretary of State DOCUMENT # V65319. 1. Entity Name 02-04-2004 90033 039 ***150.00 MANASSAS INN CO. Principal Place of Business Mailing Address 10653 BALLS FORD RD MANASSAS VA 22110 270 NE 4TH ST **STE 100 MIAMI FL 33132** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0357328 Not Applicable Zip Country \$8.75 Additional Fee Required Zip_ Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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 agont and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME CORBEDDU, ANTONIO NAME STONE 270 NE 4TH ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33132** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition MICANGELI, MAURIZIO NAME 270 NE 4TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132 CITY-ST-ZIP ۷D ☐ Delete TITLE Change ☐ Addition NAME TUPINI, CLAUDIO NAME STREET ADDRESS 270 NE 4TH ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33132 VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition LAMACCHIA, GIOVANNI NAME NAME STREET ADDRESS APARTADO 2053-2100 STREET ADDRESS SAN JOSE, COSTA RICA CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FRIEDBAUER, ROGER NAME NAME 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS MIAMI FL 33132 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition LAROCHE, RICHARD F JR. NAME NAME 2103 SHANNON DRIVE STREET ADDRESS STREET ADDRESS MURFREESBORO TN 37129 CITY-ST-7IP CITY-ST-ZIP 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 trusted expowered to execute this report agreement and that my name appears in Block 10 or Block 11 if

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