

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L17057

**Entity Name:** 40 HOTEL CORP.

**Current Principal Place of Business:**

54 STATE STREET  
SUITE 800  
ALBANY, NY 12207

**Current Mailing Address:**

54 STATE STREET  
SUITE 800  
ALBANY, NY 12207 US

**FEI Number:** 58-1862312

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ZIPES, RICHARD D  
908 SW 7TH STREET  
FORT LAUDERDALE, FL 33315 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name ZIPES, RICHARD D.  
Address 54 STATE STREET  
SUITE 800  
City-State-Zip: ALBANY NY 12207

Title VST  
Name SWAWITE, DAVID  
Address 54 STATE STREET  
SUITE 800  
City-State-Zip: ALBANY NY 12207

Title OFFICER  
Name SWAWITE, DAVID  
Address 54 STATE STREET  
SUITE 800  
City-State-Zip: ALBANY NY 12207

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** I DAVID SWAWITE

**PRESIDENT**

**02/21/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date