


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90020 003 \*\*\*150.00

<b>DOCUMENT # P40261</b>							
1. Entity Name <del>LADROCK</del> <b>HIC</b> HOTELS U.S.A. CORPORATION							
Principal Place of Business 901 PONCE DE LEON BLVD 7TH FLOOR CORAL GABLES, FL 33134 US			Mailing Address 901 PONCE DE LEON BLVD 7TH FLOOR CORAL GABLES, FL 33134 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number <b>13-3435886</b>			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156-0000			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<del>FRIEDMAN, HOWARD</del>	NAME	<i>Barlow, Simon</i>				
STREET ADDRESS	901 PONCE DE LEON BLVD 7TH FLOOR	STREET ADDRESS					
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP					
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LIERMAN, PAUL	NAME					
STREET ADDRESS	901 PONCE DE LEON BLVD, 7TH FLOOR	STREET ADDRESS					
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP					
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MOLONEY, ADRIAN	NAME					
STREET ADDRESS	901 PONCE DE LEON BLVD SUITE 700	STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33134	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
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: <i>Paul Lierman</i>		Paul Lierman		3/14/06 305-444-6811			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			