

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90268 020 ***158.75

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1. Entity Name
FLORIDA HOTEL CORPORATION

Principal Place of Business
208 WEST 23RD STREET
#1800
NEW YORK, NY 10011

Mailing Address
208 WEST 23RD STREET
#1800
NEW YORK, NY 10011

2. Principal Place of Business
601 BELLEVUE AVENUE

3. Mailing Address
601 BELLEVUE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NEWPORT

City & State
NEWPORT, RI

Zip
RI

Country
USA

Zip
02840

Country

04232004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0595272

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZARRILLI, KENNETH F JR
C/O SAIZ, 1439 WEST AVENUE
#503
MIAMI BEACH, FL 33139

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** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD	<input type="checkbox"/> Delete
NAME ZARRILLI, KENNETH F JR.	
STREET ADDRESS 208 WEST 23RD STREET, #1800	
CITY-ST-ZIP NEW YORK, NY 10011	
TITLE VT	<input type="checkbox"/> Delete
NAME ZARRILLI, MICHAEL	
STREET ADDRESS 208 WEST 23RD STREET, #1800	
CITY-ST-ZIP NEW YORK, NY 10011	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KENNETH F. ZARRILLI	
STREET ADDRESS 601 BELLEVUE AVENUE	
CITY-ST-ZIP NEWPORT, RI, 02840	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: *Kenneth F. Zarrilli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 401 895 0252
Date Daytime Phone #