


2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000042971
1. Entity Name
HOSPITALITY TELECOMMUNICATIONS FLORIDA, INC.



Principal Place of Business — Mailing Address
1658 GAILES BLVD 1658 GAILES BLVD
SUITE B SUITE B
SAN DIEGO, CA 92154 SAN DIEGO, CA 92154

DO NOT WRITE IN THIS SPACE



07132005 No Chg-P CR2E034 (10/03)

4. FEI Number 33-0932310 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALICOT, GREGORIO 1658 GAILES BLVD. SAN DIEGO, CA 92154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALICOT, RAFAEL 1658 GAILES BLVD. SAN DIEGO, CA 92154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAIZEL, LUIS 1658 GAILES BLVD. SAN DIEGO, CA 92154
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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: Rafael Galicot 7/15/05 (619) 601-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #