


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # **V18865**

1. Entity Name **Avanti Hospitality Inv Inc**

1308 W Brevard St
Tallahassee, FL 32304



FILED

08 JUL 15 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Same as above

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

Chg-P CR2E034 (12/06)

4. FEI Number **59-3158594** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

RAVI VEMURI
 3080 Walden RD
 Tallahassee, FL 32310

7. Name and Address of New Registered Agent

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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> P RAVI VEMURI <input type="checkbox"/> Delete <input checked="" type="checkbox"/> 2463 E LINDENWAY LN <input checked="" type="checkbox"/> Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> V Pat Viswanathan <input type="checkbox"/> Delete <input checked="" type="checkbox"/> 113 Broadway <input checked="" type="checkbox"/> Newark, NJ 07104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400133268104 07/22/08--01014--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B7/15/08

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: Ravi Vemuri Date: 7/15/08 Daytime Phone #: 850-322-3319