

2014 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V18865

1. Entity Name
AVANTI HOSPITALITY INVESTMENT, INC.



14 SEP 24 PM 3:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 1308 WEST BREVARD STREET TALLAHASSEE, FL 32304	Mailing Address 1308 WEST BREVARD STREET TALLAHASSEE, FL 32304
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address		09242014 Chg-P CR2E034 (12/11)	
Suite, Apt #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3158594	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VEMURI, RAVI 3080 WALDEN ROAD TALLAHASSEE, FL 32317			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 \$550.00
Due by September 26, 2014**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P VEMURI, RAVI	TITLE	
NAME		NAME	
STREET ADDRESS	2463 ELFINWING LN	STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE, FL 32308	CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V VISWANATHAN, PAT	TITLE	
NAME		NAME	
STREET ADDRESS	113 BROADWAY	STREET ADDRESS	
CITY- ST- ZIP	NEWARK, NJ 07104	CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

100264665311
09/25/14--01001--008 **550.00

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 - 9/24/14