


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000001515 1. Entity Name COLUMBIA HOSPITALITY, INC.	
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Principal Place of Business BELLE POINT OFFICE PARK 7871 BELLE POINT DRIVE GREENBELT, MD 20770	Mailing Address BELLE POINT OFFICE PARK 7871 BELLE POINT DRIVE GREENBELT, MD 20770
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2227884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIRAG DESAI
3959 NW 79TH AVE
MIAMI, FL 33166

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000628893 02/16/07-80035-008 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD PATEL, AMIT 7871 BELLE POINT DRIVE GREENBELT, MD 20770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, JAYESH B 7871 BELLE POINT DRIVE GREENBELT, MD 20770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATEL, VINODBHAI B 7871 BELLE POINT DRIVE GREENBELT, MD 20770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATEL, CHETAN D 7871 BELLE POINT DRIVE GREENBELT, MD 20770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____ **1/5/2007** **301-345-8700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #