2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # K80282

1. Entity Name
AMERICAN HOSPITALITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
450 DOUGLAS AVE ALTAMONTE SPRINGS, FL 32714	450 DOUGLAS AVE ALTAMONTE SPRINGS, FL 32714

000000484348
04/12/06-80037-001 300.00

01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2998401
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEWJI, SAJJAD
450 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

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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 _____ 3/17/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEWJI, GULAMALI
STREET ADDRESS	1125 BROWNSHIRE CT
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	CEO
NAME	DEWJI, MOHAMED G
STREET ADDRESS	1125 BROWNSHIRE CT
CITY-ST-ZIP	LONGWOOD, FL
TITLE	T
NAME	DEWJI, SAJJAD
STREET ADDRESS	913 RIDGE SOMNA LANE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	S
NAME	BHOJANI, MAHMOOD
STREET ADDRESS	1125 BROWNSHIRE CT
CITY-ST-ZIP	LONGWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____ 3/17/06 407-862-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #