

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2008 8:00 am
Secretary of State

04-21-2008 90061 005 ***150.00

DOCUMENT # M71116 1. Entity Name TRIDENT HOSPITALITY (FLORIDA), INC.	
---	---

Principal Place of Business 2500 W. 33RD ST. ORLANDO, FL 32839-8705	Mailing Address 2500 W. 33RD ST. ORLANDO, FL 32839-8705
---	---

66011109



04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2879941	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent DOOLABH, SHIRISH K. 2500 W. 33RD STREET ORLANDO, FL 32839
--

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

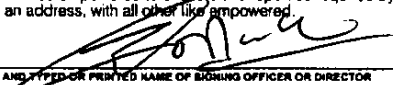
**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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	PD DOOLABH, SHIRISH K. 2500 W. 33RD ST. ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DOOLABH, HASU S. 2500 W. 33RD ST. ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:  **5/15/08** **4078413731**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #