## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000012002

City-St-Zip:

TALLAHASSEE, FL 32303

Entity Name: RALINEAL HOSPITALITY INC.

FILED Apr 23, 2005 Secretary of State

Littly Nai	HE. RAJNEA	RETIOSFITALITY, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
207 U.S. H PANAMA (	IWY. 231 CITY, FL 3240	05					
Current Mailing Address:			New Mailing Address:				
207 U.S. H PANAMA (	IWY. 231 CITY, FL 3240	95					
FEI Number: 59-3622626 FEI Number Applied For ( )		FEI Number Not Applicable ( ) Certificate of Status Desire		d()			
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
207 U.S. H PANAMA (	CITY, FL 3240	)5 US					
The above in the State	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	l office or registered agent,	or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Ac	gent	Date			
Election Car	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS	S AND DIREC	TORS:	ADDITION	IS/CHANGE	S TO OFFICERS AND DIF	RECTORS:	
Title: Name: Address: City-St-Zip:	P ( PATEL, JAYES 207 US HWY 2 PANAMA CITY	31	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	S ( PATEL, MARE: 207 US HWY 2 PANAMA CITY	31	Title: Name: Address: City-St-Zip:	S PATEL, NAR 207 US HWY PANAMA CIT	′ 231		
Title: Name: Address:	D ( PATEL, DHARI 3090 N. MONR		Title: Name: Address:		()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JAYESH KUMAR PATEL P 04/23/2005