2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90507 049 ***150.00

DOCUMENT# P00000110854

1. EntityName
TAMPAHOSPITALITY,INC.

PrincipalPlaceofBusiness
5847 SAN FELIPE, STE. 4650
HOUSTON, TX 77057

MailingAddress
5847 SAN FELIPE, STE. 4650
HOUSTON, TX 77057

04052004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
76-0662753
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

CAPITOLCORPORATESERVICES,INC.
1333NORTHDUVALST.
TALLAHASSEE,FL32303

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	P
NAME	MANGALJI,MAJIOA
STREETADDRESS	5847SANFELIPE,STE.4650
CITY-ST-ZIP	HOUSTON,TX77057
TITLE	VPS
NAME	MANGALJI,MOEZ
STREETADDRESS	5847SANFELIPE,STE.4650
CITY-ST-ZIP	HOUSTON,TX77057
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. Ihereby certify that the information supplied with this filing does not qualify 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 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: _____ 4.14.04 713.782-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone#