

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000035259

Entity Name: YOGESHWAR HOSPITALITY, INC.

FILED
Sep 09, 2009
Secretary of State

Current Principal Place of Business:

5929 RAMONA BLVD.
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

5929 RAMONA BLVD.
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-3721295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, PURUSOTTAM V
5929 RAMONA BLVD.
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PATEL, PURUSOTTAM
Address: 12497 GREENSPRING AVE
City-St-Zip: OWINGS MILLS, MD 21117

Title: D () Delete
Name: PATEL, MEHULKUMAR P
Address: 5929 RAMONA BLVD
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: PATEL, NITA M
Address: 12497 GREENSPRING AVE
City-St-Zip: OWINGS MILLS, MD 21117

Title: D () Delete
Name: GADANI, BHUPENDRA K
Address: 4 ROGGEN COURT
City-St-Zip: RANDALLSTOWN, MD 21136

Title: D () Delete
Name: PATEL, PANNA C
Address: 2355 CLAYMONT
City-St-Zip: TROY, MI 48098

Title: D () Delete
Name: PATEL, SUDIP P
Address: 12497 GREENSPRING AVENUE
City-St-Zip: OWINGS MILLS, MD 21117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MEHUL PATEL

MP

09/09/2009

Electronic Signature of Signing Officer or Director

Date