

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000035259

FILED  
Jan 13, 2011  
Secretary of State

**Entity Name:** YOGESHWAR HOSPITALITY, INC.

**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  
**Name:** PATEL, PURUSOTTAM  
**Address:** 12497 GREENSPRING AVE  
**City-St-Zip:** OWINGS MILLS, MD 21117

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** MEHUL PATEL

VP

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date