

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000035259

FILED  
Jan 08, 2012  
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:**

5929 RAMONA BLVD  
JACKSONVILLE, FL 32205

**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: 3183 GALINDO CIRCL  
City-St-Zip: MELBOURNE, FL 32940

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

D

01/08/2012

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

\_\_\_\_\_  
Date