2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State

1. Entity Name SHREE-RAM HOSPITALITY, INC.								04-28-2005 90	207 010 *	·**150.0	0
Principal Place of Business 338 SOUTH FEDERAL HWY. DANIA, FL 33004			Mailing Address 338 SOUTH FEDERAL HWY. DANIA, FL 33004								
2. Principal Place of Business				3. Mailing Address							
							IRIBO IIII) BOCII ADVIE ADVII			IBEI II IEBI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04222005	Chg-P	CR2E03	4 (10/03)		
City & State			С	City & State			4. FEI Numbe 55-0821			1	plied For t Applicable
Zip	Zip Country		Zi	Zip Coun		itry	5. Certificate	of Status Desired		8.75 Add	
6. Name and Address of Current Regist				Jistered Agent			7. Name and Address of New Registered Agent				
DOCUM (CADIII A						Name					
DOSHI, KAPILA 338 SOUTH FEDERAL HWY. 3 14 DANIA, FL 33004						Street Address (P.O. Box Number is Not Acceptable)					
						City		•	FL	Zip Code	9
	named entity ions of registe	submits this statement for ered agent.	or the pu	rpose of changing its	register	ed office or registe	red agent, or bot	n, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE_	Signature, typed o	x printed name of registered agen	t and title if	applicable. (NOT	E: Registere	ed Agent signature require	d when reinstating)		DATE		
		FEE IS \$150.00 Fee will be \$550.	.00	Election Campa Trust Fund Conf			.00 May Be ded to Fees				
10.	ī	OFFICERS AND	DIREC		11.	1	ADDITIONS/	CHANGES TO OFF			
TITLE NAME	PD DOSHI, HI	TEQU		🖾 Delete	TITL					Change	Addition
STREET ADDRESS	-					EET ADDRESS					
CITY-ST-ZIP					CITY	r-st-zip					
TITLE	D DOCUL MARKEN			☐ Delete TITL		l l				Change	Addition
NAME STREET ADDRESS	DOSHI, MAHESH SS 338 SOUTH FEDERAL HWY.					EET ADDRESS					
CITY-ST-ZIP	DANIA, FL				CITY	r-ST-ZiP					
TITLE				☐ Delete	LIEF	E				☐ Change	☐ Addition
NAME CIPELL ADDRESS					NAN	1					
CITY-ST-ZIP						eet address Y-ST-ZIP					
TITLE				☐ Delete	TITL	.£				Change	Addition
NAME					AAN :	1					
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS Y-ST-ZIP					
TITLE				☐ Delete	TITL					☐ Change	Addition
NAME				C 02.0.0	NAA						_
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP				—		Y-ST-ZIP				Change	☐ Addition
TITLE NAME	1			☐ Delete	TITU					☐ Change	LI Addition
STREET ADDRESS					STR	EET ADDRESS					
CITY-ST-ZIP		information supplied wi	ila ilai - 7º		-	Y-ST-ZIP		i). Elecido Ptatuto	I further as "	in the star i	oformotics
i 12 Thereby:	ceruiv that the	a mazzmation etimblied wi	er mie til	no aces not attailed to	IT IDA AYA	umouon stated in S	яесиоп з 19 O7(3)(u Fiorida Statutės –	LUMBER CAT	av mai me r	monnation

ALC: N

12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 19.07(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 orath; 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: SIGNATURE IN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2110

Daytime Phone * ろろって

954 401 330