


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90024 047 ***150.00

DOCUMENT # P03000030985

1. Entity Name
ESHA HOSPITALITY, INC.



Principal Place of Business Mailing Address
130 LOBLOLLY LANE **130 LOBLOLLY LANE**
PENSACOLA, FL 32526 US **PENSACOLA, FL 32526 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

01152008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
41-2091838 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

400003410



6. Name and Address of Current Registered Agent

GILLIAM, THOMAS J JR.
226 PALAFOX PLACE
NINTH FLOOR, SEVILLE TOWER
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title (if applicable) NOTE: The speed of this statement is used when registering DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DESAI, RAJENDRA	
STREET ADDRESS	3816 MEDFORD DRIVE E.	
CITY-ST-ZIP	MOBILE, AL 36693	
TITLE	V	<input type="checkbox"/> Delete
NAME	DESAI, PUSPA BEN	
STREET ADDRESS	29450 N. MAIN ST.	
CITY-ST-ZIP	DAPHNE, AL 36526	
TITLE	S	<input type="checkbox"/> Delete
NAME	PATEL, RAJIV	
STREET ADDRESS	7210 ANNANDALE DR	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	T	<input type="checkbox"/> Delete
NAME	PATEL, ANIL	
STREET ADDRESS	4389 S. ALABAMA AVE.	
CITY-ST-ZIP	MONROEVILLE, AL 36460	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	SHMR PATEL, BHARAT B	
STREET ADDRESS	P.O. BOX 1994	
CITY-ST-ZIP	LAUREL, MS 39441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHMR PATEL, ANKITA B	
STREET ADDRESS	PO. BOX - 1994	
CITY-ST-ZIP	LAUREL, MS - 39441	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHMR PATEL, NEELAM B	
STREET ADDRESS	PO. BOX - 1994	
CITY-ST-ZIP	LAUREL, MS - 39441	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Laj Patel* 1/15/08 850 944 8442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Telephone