

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90021 017 ***150.00

DOCUMENT # P04000166336

1. Entity Name

AAVKAR HOSPITALITY, INC.



Principal Place of Business

8761 SOUTHERN BREEZE DR
ORLANDO FL 32836

Mailing Address

8761 SOUTHERN BREEZE DR
ORLANDO FL 32836



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2003453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

MAROLIA, MAHESH S
8761 SOUTHERN BREEZE DR
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name **JANAK S. MAROLIA**

Street Address (P.O. Box Number is Not Acceptable)

8761 SOUTHERN BREEZE DR

City **ORLANDO** FL Zip Code **32836**

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: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MAROLIA, JANAK S**
STREET ADDRESS **8761 SOUTHERN BREEZE DR**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **D** ☐ Delete
NAME **DESAI, THAKOR C**
STREET ADDRESS **1107 MOCKINGBIRD CT**
CITY-ST-ZIP **SAN JOSE CA 95120**

TITLE **D** ☐ Delete
NAME **MAROLIA, MAHESH S**
STREET ADDRESS **4040 W SILVER SPRINGS BLVD**
CITY-ST-ZIP **OCALA FL 34482**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

JANAK S. MAROLIA

1-31-06 (407) 354-1311