

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90037 009 \*\*\*150.00

DOCUMENT # P07000031775

1. Entity Name

SIMA HOTELS, INC.



Principal Place of Business

6407 N NABRASKA AVE  
TAMPA FL 33604

Mailing Address

6407 N NABRASKA AVE  
TAMPA FL 33604

66005976



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #  
5316 U.S HWY 19 N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
NEW PORT RICHEY FL.

City & State

4. FEI Number

20-8625944

Applied For

Not Applicable

Zip  
34652

Country  
PASCO

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, ASHOK M  
6407 N NABRASKA AVE  
TAMPA FL 33604

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: Registered Agent signature required when changing.

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete  
NAME PATEL, ASHOK M  
STREET ADDRESS 6407 N NABRASKA AVE  
CITY-STATE-ZIP TAMPA FL 33604

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

TITLE SD ☐ Delete  
NAME PATEL, RACHNA A  
STREET ADDRESS 6407 N NABRASKA AVE  
CITY-STATE-ZIP TAMPA FL 33604

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

TITLE VPD ☐ Delete  
NAME PATEL, JAGDISH  
STREET ADDRESS 382A GREAT ROAD, SUITE 303  
CITY-STATE-ZIP ACTON MA 01720

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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:

*Patel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-08 727-967-8435

Date

Office Phone