


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 28, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000002545  
1. Entity Name  
INN KASH FLORIDA, INC.



Principal Place of Business  
3355 N. FEDERAL HWY.  
FT LAUDERDALE, FL 33306

Mailing Address  
700 SQUARE PLACE NE  
STE B  
ATLANTA, GA 30324

**DO NOT WRITE IN THIS SPACE**



07142006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0379341

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PATTNI, HARISH P  
1153 AIRPORT RD  
JACKSONVILLE, FL 32218-2401

**DO NOT WRITE  
IN THIS SPACE**

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: *Amr Jahan* DATE: *08/22/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATTNI, HARISH P
STREET ADDRESS	700 SQUIRE PL NE SUITE B
CITY-ST-ZIP	ATLANTA, GA 303244124
TITLE	T
NAME	PATTNI, HARISH P
STREET ADDRESS	700 SQUIRE PL NE SUITE B
CITY-ST-ZIP	ATLANTA, GA 303244124
TITLE	V
NAME	PATTNI, DHIREN
STREET ADDRESS	700 SQUIRE PL NE SUITE B
CITY-ST-ZIP	ATLANTA, GA 303244124
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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08/28/06-80004-010 158.75

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: *Amr Jahan Dhiren M Pattni* DATE: *08/22/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # *404607-9071 x117*