

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000010505

1. Entity Name
MAYURI INN, INC.



Principal Place of Business
**906 E. BRANDON BLVD.
BRANDON, FL 33511**

Mailing Address
**906 E. BRANDON BLVD.
BRANDON, FL 33511**



01242006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3193875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PATEL, VASANT B
906 E. BRANDON BLVD.
BRANDON, FL 33511**

**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 _____

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BHAKTA, PARESH M
STREET ADDRESS	16816 SUNNY RIDGE CT
CITY - ST - ZIP	CERRITOS, CA 90703

TITLE	D
NAME	CHAMPAK, PATEL B
STREET ADDRESS	1008 MANOR HILL DR
CITY - ST - ZIP	NORMAN, OK 73072

TITLE	D
NAME	PATEL, VASANT B
STREET ADDRESS	906 E. BRANDON BLVD.
CITY - ST - ZIP	BRANDON, FL 33511

TITLE	D
NAME	MANO J., BHAKTA D
STREET ADDRESS	16812 SUNNY RIDGE CT
CITY - ST - ZIP	CERRITOS, CA 90703

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/13/06-80058-013 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/06

813-230-2168