2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000010505

1. Entity Name
MAYURI INN, INC.

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

01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3193875
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
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
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	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	

FILING 150.00
02/13/08-80059-021 150.00

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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: _____ 1/29/08 813-230-2168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #