

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000021773

1. Entity Name
REAL HOSPITALITY, INC.



Principal Place of Business
**5221 UNIVERSITY BLVD.
JACKSONVILLE, FL 32216**

Mailing Address
**5221 UNIVERSITY BLVD.
JACKSONVILLE, FL 32216**



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3171471

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SUTARIA, NILESH
5221 UNIVERSITY BLVD. W.
JACKSONVILLE, FL 32216**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SUTARIA, NILESH
STREET ADDRESS	5221 UNIVERSITY BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	SHAH, SHEKHAR
STREET ADDRESS	630 FIRST AVE., #19-B
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	D
NAME	SHAH, GAURAV
STREET ADDRESS	18 ALLISON DRIVE
CITY-ST-ZIP	ENGLEWOOD CLIFFS, NJ 07632
TITLE	D
NAME	SHAH, KUMAR P
STREET ADDRESS	18 ALLISON DRIVE
CITY-ST-ZIP	ENGLEWOOD CLIFFS, NJ 07632
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN00000341504
04/29/05-80016-021 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____