


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P95000069515 1. Entity Name EASTGATE HOSPITALITY, INC. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 5847 SAN FELIPE SUITE 4650 HOUSTON, TX 77057 | Mailing Address 5847 SAN FELIPE SUITE 4650 HOUSTON, TX 77057 |
|--|--|

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 74-2766873 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|--|
| 6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303 |
|--|

**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. <input type="checkbox"/> \$5.00 May Be Adged to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT MANGALJI, MAJID A 5847 SAN FELIPE STE 4650 HOUSTON, TX 77057 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS MANGALJI, MOEZ 5847 SAN FELIPE STE 4650 HOUSTON, TX 77057 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MANGALJI, FERED 5847 SAN FELIPE STE 4650 HOUSTON, TX 77057 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

U000000323492
04/22/05-80055-005 150.00

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: _____ **4-19-05** **713.782.9100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #