

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90032 030 \*\*\*150.00

**DOCUMENT # P96000009703**

1. Entity Name  
**RHAMESHWAR HOSPITALITY, INC.**



Principal Place of Business  
**5 NEW WARRINGTON ROAD  
PENSACOLA, FL 32507 US**

Mailing Address  
**2031 HESPERIA WAY  
PENSACOLA, FL 32505-1808 US**

2. Principal Place of Business - No P.O. Box #  
**5 New Warrington Road**

3. Mailing Address  
**2031 Hesperia Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Pensacola, Florida**

City & State  
**Pensacola, Florida**

Zip Country  
**32506-5848 USA**

Zip Country  
**32505-1880**

01182007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3411075**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PATEL, MAHENDRA M  
2305 W. CERVANTES STREET  
PENSACOLA, FL 32505**

**7. Name and Address of New Registered Agent**

Name **PATEL, MAHENDRA M.**

Street Address (P.O. Box Number is Not Acceptable)

**2031 Hesperia Way**

City **Pensacola** **FL** Zip Code **32505**

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **PD** ☐ Delete  
NAME **MAHENDRA M PATEL**  
STREET ADDRESS **2031 HESPERIA WAY**  
CITY-ST-ZIP **PENSACOLA, FL 32505**

TITLE **DVP** ☐ Delete  
NAME **PATEL, NARESH M**  
STREET ADDRESS **4103 ST GEORGE PL**  
CITY-ST-ZIP **TURLOCK, CA 95382**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAHENDRA PATEL**

**01-22-07 850-457-7277**

Date

Daytime Phone #