


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P96000009703</b><br>1. Entity Name<br>RHAMESHWAR HOSPITALITY, INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>5 NEW WARRINGTON ROAD<br>PENSACOLA, FL 32506-5848 US | Mailing Address<br>2031 HESPERIA WAY<br>PENSACOLA, FL 32505-1880 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**



02172008 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br>59-3411075                               | Applied For<br><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  
  
PATEL, MAHENDRA M  
2031 HESPERIA WAY  
PENSACOLA, FL 32505

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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 \_\_\_\_\_

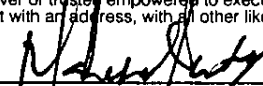
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|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees | UN00000933746<br>02/28/08-80025-001 150.00 |
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10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MAHENDRA M PATEL<br>2031 HESPERIA WAY<br>PENSACOLA, FL 32505 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>PATEL, NARESH M<br>4103 ST GEORGE PL<br>TURLOCK, CA 95382   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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 another like empowered.

**SIGNATURE:**  Mahendra M. Patel, President 01-17-08 850-232-6282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #