

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000046169

1. Entity Name
MIDA RESORTS II, INC.



Principal Place of Business

5353 CONROY RD
STE 200
ORLANDO, FL 32811 US

Mailing Address

5353 CONROY RD
STE 200
ORLANDO, FL 32811 US



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3388927

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VALBH, ANIL
5353 CONROY ROAD
ORLANDO, FL 32811

**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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000344588
04/30/05-80002-003 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME JOBALIA, DIPAK D
STREET ADDRESS 281 S. ATLANTIC AVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D
NAME VALBH, ANIL
STREET ADDRESS 5353 CONROY RD STE 200
CITY-ST-ZIP ORLANDO, FL 32811

TITLE D
NAME BHOOLA, MOHAN J
STREET ADDRESS 281 S. ATLANTIC AVE
CITY-ST-ZIP ORMOND BCH, FL

TITLE D
NAME NARAN, ISHWAR R
STREET ADDRESS 281 S. ATLANTIC AVE
CITY-ST-ZIP ORMOND BCH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4/26/2005

Date

417-581-9000

Daytime Phone #