

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90349 021 \*\*\*150.00

**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**

**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

*Signature* VP

4/27/2006 4075819003