


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P96000089226		
1. Entity Name L B V HOTEL GROUPS, INC.		

Principal Place of Business 5353 CONROY ROAD ORLANDO, FL 32811 US	Mailing Address 5353 CONROY ROAD ORLANDO, FL 32811 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3411893	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

VALBH, ANIL
5353 CONROY ROAD
ORLANDO, FL 32811

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

U00000344536
04/30/05-80002-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALBH, ANIL 5353 CONROY ROAD ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NANA, AJIT 5353 CONROY ROAD ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, DIPAK 11400 NW 32ND AVE MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, ANIL 11400 NW 32ND AVE MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, KIRAN 11400 NW 32ND AVE MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, VIJAY 11400 NW 32ND AVE MIAMI, FL 33167

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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)(i), 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]* 4/26/2005 407-581-9009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #