

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

05-01-2006 90348 012 \*\*\*150.00

**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**

400100



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3411893</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD VALBH, ANIL I 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

**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

*Sentor V P*

*4/26/2006 40758/9000*

Date

Daytime Phone #