

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P96000102745

1. Entity Name  
MIDA RESORTS I, 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  
59-3415377

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  
STE 200  
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

U00000344600  
04/30/05-80002-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME JOBALIA, DIPAK D  
STREET ADDRESS 281 S. ATLANTIC AVE  
CITY-ST-ZIP ORMOND BEACH, FL 32714

TITLE D  
NAME BHOOLA, MOHAN J  
STREET ADDRESS 281 S. ATLANTIC AVE  
CITY-ST-ZIP ORMOND BEACH, FL 32714

TITLE D  
NAME NARAN, ISHWAR  
STREET ADDRESS 281 S. ATLANTIC AVE  
CITY-ST-ZIP ORMOND BEACH, FL 32714

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

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2005

Date

407-581-9009

Daytime Phone #