

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-01-2006 90348 010 ***150.00

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**

40073150



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3415377	Applied For 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
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, 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 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	

**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

SENDER VP 4/26/2006 475819000

Date

Daytime Phone #