


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90014 032 ***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		
2. Principal Place of Business - No P.O. Box # MIDA RESORTS I, INC		3. Mailing Address 846 RIVERSIDE DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORMOND BEACH FL		City & State ORMOND BEACH FL		4. FE# Number 59-3415377	
Zip 32176		Country USA		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			7. Name and Address of New Registered Agent		
VALBH, ANIL 5353 CONROY ROAD STE 200 ORLANDO, FL 32811			Name DIPAK JOBALIA		
			Street Address (P.O. Box Number is Not Acceptable) 846 RIVERSIDE DR.		
			City ORMOND BEACH FL Zip Code 32176		
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 4/26/07					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete JOBALIA, DIPAK D 281 S. ATLANTIC AVE ORMOND BEACH, FL 32714				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete BHOOLA, MOHAN J 281 S. ATLANTIC AVE ORMOND BEACH, FL 32714				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete NARAN, ISHWAR 281 S. ATLANTIC AVE ORMOND BEACH, FL 32714				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete VALBH, ANIL 5353 CONROY ROAD ORLANDO, FL 32811				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 officers empowered.					
SIGNATURE: _____ Date 4/26/07 Daytime Phone # 407-581-9000					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					