

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90005 026 \*\*\*150.00

**DOCUMENT # P97000100489**

1. Entity Name  
ELITE HOSPITALITY CORP.



Principal Place of Business  
444 SEABREEZE BLVD  
~~200~~  
DAYTONA BEACH, FL 32118 US

Mailing Address  
444 SEABREEZE BLVD  
~~200~~  
DAYTONA BEACH, FL 32118 US

**54005825**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 200**  
City & State

Suite, Apt. #, etc.  
**Suite 200**  
City & State

01302004 Chg-P CR2E034 (10/03)

Zip Country

Zip Country

4. FEI Number  
59-3510282

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

BHOOA, MANOJ  
444 SEABREEZE BOULEVARD  
SUITE 200  
DAYTONA BEACH, FL 32118

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BHOOA, MOHAN J  
STREET ADDRESS 444 SEABREEZE BLVD SUITE 200  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE VPD ☐ Delete  
NAME BHOOA, MANOJ  
STREET ADDRESS 444 SEABREEZE BLVD SUITE 200  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE STD ☐ Delete  
NAME BHOOA, SANGEETA  
STREET ADDRESS 444 SEABREEZE BLVD SUITE 200  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

2/4/04 386-255-2577