FOR PROFIT CORPORATION ANNUAL REPORT

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2011 OCT 28 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000100489

1. Entity Name
Elite Hospitality Inc

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
45 Seton Trail	45 Seton Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ormond Beach, FL	City & State: Ormond Beach, FL
Zip: 32176 Country: U.S.A	Zip: 32176 Country: U.S.A

CR2E034B (1/11)

4. FEI Number 59-3510282 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Manoj Bhoola

Street Address (P.O. Box Number is Not Acceptable): 45 Seton Trail

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: _____ 10-21-11
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re instating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

E-mail Address: mbhoola@elitehospitality.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Manoj Bhoola
STREET ADDRESS	45 Seton Trail
CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	CFO
NAME	Sangeeta Bhoola
STREET ADDRESS	45 Seton Trail
CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Dissolution removed + late fee
NAME	waived due clerical error. We
STREET ADDRESS	failed to properly update.
CITY-ST-ZIP	10/28
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10/25/11--01032--007 **150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _____ 10-21-11 386-255-2577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #