


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90093 008 ***150.00

DOCUMENT # P97000104622 1. Entity Name NISHCO HOSPITALITY, INC.					
Principal Place of Business 4816 N. ORANGE BLOSSOM TRAIL MOUNT DORA, FL 32757			Mailing Address 4816 N. ORANGE BLOSSOM TRAIL MOUNT DORA, FL 32757		
2. Principal Place of Business - No P.O. Box # 733 CALUSA CT. Suite, Apt. #, etc.		3. Mailing Address 733 CALUSA CT. Suite, Apt. #, etc.			
City & State APOPKA FLORIDA		City & State APOPKA FLORIDA		4. FEI Number 59-3481811	
Zip 32712		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOSWAMI, NISHIKANTN 4816 N OBT(HWY 441) MOUNT DORA, FL 32757			7. Name and Address of New Registered Agent Name GOSWAMI, NISHIKANT Street Address (P.O. Box Number is Not Acceptable) 733 CALUSA CT. City APOPKA FL Zip Code 32712		
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 <u><i>N. Goswami</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOSWAMI, NISHI 4816 N. ORANGE BLOSSOM TRAIL MOUNT DORA, FL 32757 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOSWAMI, NISHIKANT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 733 CALUSA CT. APOPKA FL. 32712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GOSWAMI, RASHMI <input type="checkbox"/> Delete 4816 N. ORANGE BLOSSOM TRAIL MOUNT DORA, FL 32757		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GOSWAMI, RASHMI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 733 CALUSA CT. APOPKA FL. 32712	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 like empowered.					
SIGNATURE: <u><i>N. Goswami</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/21/08</u> Daytime Phone # <u>407-880-2282</u>		