2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025862

SUTARIA, NILESH J

8241 BAYTREE LANE

JACKSONVILLE, FL 32256

Name:

Address:

City-St-Zip:

Entity Name: REAL HOSPITALITY II, INC.

FILED Jul 01, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5221 UNIVERSITY BOULEVARD WEST JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** 5221 UNIVERSITY BOULEVARD WEST JACKSONVILLE, FL 32216 FEI Number: 59-3507441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUTARIA, NILESH J 5221 UNIVERSITY BOULEVARD WEST JACKSONVILLE, FL 32216 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SHAH, SHEKHAR Name: Name: 630 FIRST AVENUE #19-B Address: Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SHAH, GAURAV Name: 18 ALLISON DRIVE Address: Address: ENGLEWOOD CLIFFS, NJ 07632 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition SHAH, KUMAR P Name: Name: 18 ALLISON DRIVE Address: Address: City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: NILESH SUTARIA 07/01/2004 D