

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000025862

1. Entity Name
REAL HOSPITALITY II, INC.



Principal Place of Business
5221 UNIVERSITY BOULEVARD WEST
JACKSONVILLE, FL 32216

Mailing Address
5221 UNIVERSITY BOULEVARD WEST
JACKSONVILLE, FL 32216



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3507441

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SUTARIA, NILESH J
5221 UNIVERSITY BOULEVARD WEST
JACKSONVILLE, FL 32216

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHAH, SHEKHAR
STREET ADDRESS	630 FIRST AVENUE #19-B
CITY- ST- ZIP	NEW YORK, NY 10019
TITLE	D
NAME	SHAH, GAURAV
STREET ADDRESS	18 ALLISON DRIVE
CITY- ST- ZIP	ENGLEWOOD CLIFFS, NJ 07632
TITLE	D
NAME	SHAH, KUMAR P
STREET ADDRESS	18 ALLISON DRIVE
CITY- ST- ZIP	ENGLEWOOD CLIFFS, NJ 07632
TITLE	D
NAME	SUTARIA, NILESH J
STREET ADDRESS	8241 BAYTREE LANE
CITY- ST- ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000342535
04/29/05-80057-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #