

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025862

Entity Name: REAL HOSPITALITY II, INC.

FILED
Feb 14, 2006
Secretary of State

Current Principal Place of Business:

5221 UNIVERSITY BOULEVARD WEST
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

5221 UNIVERSITY BOULEVARD WEST
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3507441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHAH, SHEKHAR
Address: 630 FIRST AVENUE #19-B
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: SHAH, GAURAV
Address: 18 ALLISON DRIVE
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

Title: D () Delete
Name: SHAH, KUMAR P
Address: 18 ALLISON DRIVE
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

Title: D () Delete
Name: SUTARIA, NILESH J
Address: 8241 BAYTREE LANE
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: NILESH SUTARIA

PRES

02/14/2006

Electronic Signature of Signing Officer or Director

Date