


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000028379 1. Entity Name JAI AKSHAR INC.	
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Principal Place of Business DAYS INN/CAPITAL INN UNIVERSITY CENTER 1350 WEST TENNESSEE STREET TALLAHASSEE, FL 32304 US	Mailing Address DAYS INN/CAPITAL INN UNIVERSITY CENTER 1350 WEST TENNESSEE STREET TALLAHASSEE, FL 32304 US
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01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3504080	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PATEL, MRUGESH J DAYS INN UNIVERSITY CENTER 1350 WEST TENNESSEE STREET TALLAHASSEE, FL 32304
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**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, MRUGESH J 1350 WEST TENNESSEE STREET TALLAHASSEE, FL 32304
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000000428526
02/21/06-80048-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/06

Date

850-222-3219

Daytime Phone if