


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000037282</b>		
1. Entity Name <b>AKHI HOSPITALITY, INC.</b>		
Principal Place of Business <b>4900 GULF BLVD. ST. PETERSBURG, FL 33706</b>	Mailing Address <b>4900 GULF BLVD. ST. PETERSBURG, FL 33706</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>LAKHANI, NIZAR 4900 GULF BOULEVARD SAINT PETERSBURG BEACH, FL 33706</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		<b>U000000617555 02/07/07-80079-013 150.00</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAKHANI, ABDUL M 65 KERRIGAN CRESCENT UNIONVILLE, ONTARIO,CANADA, L3R7S8	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LAKHANI, NIZAR 4900 GULF BLVD. ST. PETERSBURG, FL 33706	
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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>NIZAR LAKHANI</u>		Date <u>1-3-07</u> Daytime Phone # <u>727 363 2427</u>



01032007 No Chg-P CR2E034 (11/05)

4. FCI Number  
**58-2460484**

Applied For
Not Applicable

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