

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # P99000037282

1. Entity Name
AKHI HOSPITALITY, INC.



Principal Place of Business
**4900 GULF BLVD.
ST. PETERSBURG, FL 33706**

Mailing Address
**4900 GULF BLVD.
ST. PETERSBURG, FL 33706**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2460484

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAKHANI, NIZAR
4900 GULF BOULEVARD
SAINT PETERSBURG BEACH, FL 33706**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000850536
03/25/08-80002-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAKHANI, ABDUL M 65 KERRIGAN CRESCENT UNIONVILLE, ONTARIO,CANADA, L3R758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LAKHANI, NIZAR 4900 GULF BLVD. ST. PETERSBURG, FL 33706
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**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:

Nizar Lakhani
NIZAR LAKHANI

1/3/08 727 363 242
Date Daytime Phone #