

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # **V18865**

1. Entity Name **Avanti Hospitality Inv Inc**

1308 W Brevard St

Tallahassee, FL 32304



FILED

08 JUL 15 PM 2:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business Mailing Address

2. Principal Place of Business - No P.O. Box # 3. Mailing Address **Same as above**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

Chg-P CR2E034 (12/06)

4. FEI Number **59-3158594** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

RAVI VEMURI

3080 Walden RD

Tallahassee, FL 32312

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P	RAVI VEMURI	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		2463 E FINWICK LN	
CITY-ST-ZIP		Tallahassee, FL 32308	
TITLE	V	PAT VISWANATHAN	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		113 Broadway	
CITY-ST-ZIP		Newark, NJ 07104	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
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STREET ADDRESS			
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TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		400133268104
CITY-ST-ZIP		07/22/08--01014--005 **150.00
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Ravi Vemuri** 7/15/08 850-322-3319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR