


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90048 016 \*\*\*\*61.25

DOCUMENT # N00000002579							
1. Entity Name SOUTH FLORIDA TAMIL SANGAM, INC.							
Principal Place of Business 1472 NW 132ND AVENUE PEMBROKE PINES, FL 33028		Mailing Address 1472 NW 132ND AVENUE PEMBROKE PINES, FL 33028					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-1002914			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
NIRMAL, BHAVANI 6555 NW 36TH STREET SUITE 302 MIAMI, FL 33166			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PALANIAPPA, MALATHI	NAME					
STREET ADDRESS	4845 KENSINGTON CIRCLE	STREET ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	CITY-ST-ZIP					
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	RAJ, SETHURAJ	NAME					
STREET ADDRESS	1472 NW 132ND AVENUE	STREET ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	CITY-ST-ZIP					
TITLE	JSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CHANDRASEKHARAN, THIMMA	NAME					
STREET ADDRESS	6020 NW 104TH LANE	STREET ADDRESS					
CITY-ST-ZIP	PARKLAND, FL 33071	CITY-ST-ZIP					
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	NARAYANSWAMY, RADHAKRISHNAN	NAME	SD Krishnan Raghavan				
STREET ADDRESS	860 SW 191ST AVE	STREET ADDRESS	1345 Crystal Way, Unit c				
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	CITY-ST-ZIP	Delray Beach, FL, 33444				
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	VISWANATHAN, CHANDRAMOULI	NAME	TD Rajagopalan Radhakrishnan				
STREET ADDRESS	13765 SW 32ND STREET	STREET ADDRESS	510 Lovers Circle, Apt. 162				
CITY-ST-ZIP	MIRAMAR, FL 33027	CITY-ST-ZIP	Delray Beach, FL, 33444				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		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 617, 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: KRISHNAN RAGHAVAN		3/21/07		305-333-2098			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			

**ATTACHMENT**

60028735

**Division of Corporations****Annual Report**

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

<b>Document Number</b>	N00000002579
<b>Business Entity Name</b>	SOUTH FLORIDA TAMIL SANGAM, INC.
<b>FEI Number</b>	651002914
<b>FEI Number Status</b>	
<b>Certificate of Status Desired</b>	No
<b>Election Campaign Financing Trust Fund Contribution</b>	No

**Principal Place of Business**

**Address** 1472 NW 132ND AVENUE  
**Suite, Apt. #, etc.**  
**City, State** PEMBROKE PINES, FL  
**Zip Code & Country** 33028

**Mailing Address**

**Address** 1472 NW 132ND AVENUE  
**Suite, Apt. #, etc.**  
**City, State** PEMBROKE PINES, FL  
**Zip Code & Country** 33028

**Name and Address of Registered Agent**

**Name (Last, First, Middle, Title)** NIRMAL, BHAVANI  
**Address** 6555 NW 36TH STREET  
**Suite, Apt. #, etc.** SUITE 302  
**City, State** MIAMI, FL  
**Zip Code & Country** 33166 US  
**Registered Agent Signature**

**Officer/Director Name and Address**

**Title** VD  
**Name (Last, First, Middle, Title)** PALANIAPPA, MALATHI  
**Street Address** 4845 KENSINGTON CIRCLE

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#N00000002579

**City, State** CORAL SPRINGS, FL  
**Zip Code & Country** 33076

**Title** PD  
**Name (Last, First, Middle, Title)** RAJ, SETHURAJ  
**Street Address** 1472 NW 132ND AVENUE  
**City, State** PEMBROKE PINES, FL  
**Zip Code & Country** 33028

**Title** JSD  
**Name (Last, First, Middle, Title)** CHANDRASEKHARAN, THIMMA  
**Street Address** 6020 NW 104TH LANE  
**City, State** PARKLAND, FL  
**Zip Code & Country** 33071

**Title** SD  
**Name (Last, First, Middle, Title)** RAGHAVAN, KRISHNAN  
**Street Address** 1345 CRYSTAL WAY, UNIT C  
**City, State** DELRAY BEACH, FL  
**Zip Code & Country** 33444

**Title** TD  
**Name (Last, First, Middle, Title)** RADHAKRISHNAN, RAJAGOPALAN  
**Street Address** 50 LAVERS CIRCLE, APT 162  
**City, State** DELRAY BEACH, FL  
**Zip Code & Country** 33444

**Title** SD  
**Officer/Director Signature** KRISHNAN

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