

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2008
Secretary of State

DOCUMENT# N07000010317

Entity Name: MAHARASHTRA MANDAL OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

8712 S KENDALE CIRCLE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

8712 S KENDALE CIRCLE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 26-1289471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AJINKYA, ARVIND B
4524 GUN CLUB RD
SUITE #102
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ATHAVALE, MOHINI
Address: 8712 S KENDALE CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: VPD () Delete
Name: KUMBHOJKAR, ARVIND
Address: 10200 SW 107TH ST
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: JOSHI, RASIKA
Address: 5416 SUNSEEKER BLVD
City-St-Zip: GREENACRES, FL 33463

Title: TD () Delete
Name: TALWALKAR, ROBINI
Address: 519 ALTARA AVE
City-St-Zip: CORAL GABLES, FL 33416

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: TALWALKAR, ROHINI
Address: 519 ALTARA AVE
City-St-Zip: CORAL GABLES, FL 33416

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROHINI TALWALKAR

TD

03/22/2008

Electronic Signature of Signing Officer or Director

Date