2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000004714

1. Entity Name
PUNJABI SANGH OF FLORIDA, INC.

Principal Place of Business	Mailing Address
9132 BAYWARD CT. ORLANDO, FL 32819	10112 CANOPY TREE CT. ORLANDO, FL 32836

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03262004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3343735
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARORA, VINNIE
10112 CANOPY TREE COURT
ORLANDO, FL 32836

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000099948
03/31/04-80026-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SACHDEV, YASH DR.
STREET ADDRESS	3504 TRAVES PLACE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	DS
NAME	BHANDARI, RANBIR
STREET ADDRESS	9132 BAYWARD STREET
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	DT
NAME	DEEPAK, KALSI
STREET ADDRESS	5537 BAYSIDE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3/27/04 (407)-876-1384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #