

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004805

FILED
Jan 21, 2008
Secretary of State

Entity Name: SRIGANDHA KANNADA KOOKA OF FLORIDA, INC.

Current Principal Place of Business:

12134 COBBLESTONE DR.
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

5131 WESTSHORE DR
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3527606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMAPPA, RENUKA
12134, COBBLESTONE DR.
HUDSON, FL 34667 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: PRES () Delete
Name: GANESH, R
Address: 12134, COBBLESTONE DR.
City-St-Zip: HUDSON, FL 34667

Title: VP () Delete
Name: BEGUR, NAGABHUSHAN M
Address: 556, W BRITAIN ST
City-St-Zip: HERNANDO, FL 34442

Title: SECR () Delete
Name: SHAILA, SATISH
Address: 8448, WOODBRIAR DR
City-St-Zip: SARASOTA, FL 34238

Title: JS () Delete
Name: DODDAMANE, PRAKASH
Address: 10116, FARMINGDALE PL
City-St-Zip: TAMPA, FL 33624

Title: T () Delete
Name: SUNDARESH, K. V
Address: 5131, WESTSHORE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: JT () Delete
Name: NATH, DWARKA
Address: 805 COLUMBUS DRIVE EAST
City-St-Zip: TIERRA VERDE, FL 33715

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:

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City-St-Zip:

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

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

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: K. V. SUNDARESH

T

01/21/2008

Electronic Signature of Signing Officer or Director

_____ Date