


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90195 041 \*\*\*\*61.25

**DOCUMENT # N99000007091**

1. Entity Name  
**PUNJABI ASSOCIATION OF AMERICA, INC.**



Principal Place of Business  
**5408 BURNT HICKORY DRIVE  
 VALRICO, FL 33594**

Mailing Address  
**5408 BURNT HICKORY DRIVE  
 VALRICO, FL 33594**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.


City & State

Zip Country

6. Name and Address of Current Registered Agent

**BRAR, AMRIT**  
**5408 BURNT HICKORY DRIVE**  
**VALRICO, FL 33594**

14004810



04252005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3611833**

Applied For  
 Not Applicable

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RATTAN, PAWAN K M.D.	
STREET ADDRESS	360 B SOUTH PLANT AVE	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GULATI, SUNIL	
STREET ADDRESS	6356 MACLAURIN DR	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RATTI, J.S.	
STREET ADDRESS	15421-7 PLANTATION OAKS DR.	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DHALIWAL, AMARJIT S	
STREET ADDRESS	122 BARRINGTON DR.	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DHALIWAL, GUNWANT S MD	
STREET ADDRESS	1032 TOSKI DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAR, AMRIT	
STREET ADDRESS	5408 BURNT HICKORY DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAHLON, DAVINDER S. MD	
STREET ADDRESS	5408 BURNT HICKORY DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 exemption stated in Section 119.07(3)(l), 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:**  **4/22/05** **727-844-5555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #