

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007091

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: PUNJABI ASSOCIATION OF AMERICA, INC.

**Current Principal Place of Business:**

1082 E. BRANDON BLVD  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3550  
BRANDON, FL 335093550

**New Mailing Address:**

FEI Number: 59-3611833

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DHALIWAL, AMARJIT  
1082 E. BRANDON BLVD  
BRANDON, FL 33511 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: D ( ) Delete  
Name: RATTAN, PAWAN K M.D.  
Address: 360 B SOUTH PLANT AVE  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: BRAR, AMRIT  
Address: 5408 BURNT HICKORY DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: VPD ( ) Delete  
Name: RATTI, J.S.  
Address: 15421-7 PLANTATION OAKS DR.  
City-St-Zip: TAMPA, FL 33647

Title: PD ( ) Delete  
Name: DHALIWAL, AMARJIT S  
Address: 1082 E. BRANDON BLVD  
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete  
Name: KAHLON, DAVINDER S MD  
Address: 9031 SOUTHERN BREEZE DRIVE  
City-St-Zip: ORLANDO, FL 32836

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DHALIWAL, GUNWANT S M.D.  
Address: 1032 TOSKI DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

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

I hereby certify that the information supplied with this filing does not qualify for the 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: AMARJIT S. DHALIWAL

MGR

04/24/2007

Electronic Signature of Signing Officer or Director

Date