

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000976

**Entity Name:** SINDHI ASSOCIATION, INC.

**Current Principal Place of Business:**

JAYA SUJAN  
11353 NW 46TH LANE  
DORAL, FL 33178

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC7753681393**

**Current Mailing Address:**

JAYA SUJAN  
11353 NW 46TH LANE  
DORAL, FL 33178 US

**FEI Number: 31-1695289**

**Certificate of Status Desired: No**

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

ACKERMAN, STEVEN  
7328 SW 48 STREET  
MIAMI, FL 33155 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SUJAN, JAYA  
Address        11353 NW 46TH LANE  
City-State-Zip: DORAL FL 33178

Title            TRE  
Name            RAMCHANDANI, SUNIL  
Address        251 SOUTH STATE RD 7  
City-State-Zip: PLANTATION FL 33317

Title            SEC  
Name            KIRPALANI, SHAILA  
Address        11353 NW 46TH LANE  
City-State-Zip: DORAL FL 33178

Title            DIRECTOR  
Name            LAUNGANI , HANISHA  
Address        14000 LEANING PINE DRIVE  
City-State-Zip: MIAMI LAKES FL 33014

Title            VP  
Name            BUXANI, LISHA  
Address        11353 NW 46TH LANE  
City-State-Zip: DORAL FL 33178

Title            ASST. TREASURER  
Name            KHEMLANI, VIDYA  
Address        11353 NW 46TH LANE  
City-State-Zip: DORAL FL 33178

Title            DIRECTOR  
Name            JHAM, ASHOK  
Address        10855 NW 27TH STREET  
City-State-Zip: MIAMI FL 33172

*I hereby 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 all other like empowered.*

**SIGNATURE: JAYA SUJAN** \_\_\_\_\_

**PRESIDENT**

**04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date