

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761471

FILED
Feb 24, 2008
Secretary of State

Entity Name: FLORIDA HINDU ORGANIZATION, INC.

Current Principal Place of Business:

3000 N.W. 29 AVENUE
OAKLAND PARK, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 491032
FT. LAUDERDALE, FL 33349 US

New Mailing Address:

FEI Number: 59-2154704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PERSAD, KAMAL CHAIR/P
10511 NW 11CT
PLANTATION, FL 33322 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: DCP () Delete
Name: KAMAL, PERSAD
Address: 10511 N.W. 11 COURT
City-St-Zip: PLANTATION, FL 33322

Title: DS () Delete
Name: RAMDASS, RUPCHAND
Address: 16581 BLATT BLVD #103
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: D () Delete
Name: DOOKERAN, HIMRAJ
Address: 4100 NW 66TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: GOSEIN, JUDY
Address: 6221 SW 8TH STREET
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: RAMLOGAN, NIRMAL
Address: 3869 N.W. 79TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D (X) Delete
Name: RAMLOGAN, VIJAY
Address: 3840 NW 79TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

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:

Title: D (X) Change () Addition
Name: SEEPERSAD, PARMADESH
Address: 10511 NW 11 CT
City-St-Zip: SUNRISE, FL 33333

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: KAMAL PERSAD

DCP

02/24/2008

Electronic Signature of Signing Officer or Director

Date