

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761471

FILED  
Jan 15, 2009  
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: SEEPERSAD, PARMADESH  
Address: 10511 NW 11 CT  
City-St-Zip: SUNRISE, FL 33333

Title: D ( ) Delete  
Name: RAMLOGAN, NIRMAL  
Address: 3869 N.W. 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: ( ) 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

C/P

01/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date