

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03-23-2005 90045 012 ****50.00

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 21 PM 2:39



1st MOORE

CR2E037 (10/04)

DOCUMENT # F03000003189 1. Entity Name VIJAYDEV MISTRY FOUNDATION INC.					
Principal Place of Business 1510 - 1526 EAST FOWLER AVENUE TAMPA FL 33647			Mailing Address P.O. BOX 46877 TAMPA FL 33647		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 13-3440329	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MISTRY, HARSHADRAI V 16206 NOTTINGHAM PARK WAY TAMPA FL 33647			7. Name and Address of New Registered Agent Name MISTRY, HARSHADRAI V. Street Address (P.O. Box Number is Not Acceptable) 17229 EMERALD CHASE DR. City TAMPA FL Zip Code 33647		
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 <small>Signature, typed or printed name of registered agent and not applicable</small>			DATE 3/16/05		
FILE NOW: FEE IS \$61.25 Due By: May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RATANJEE, BHIKA 77 DARTMOUTH STREET FOREST HILLS NY 11375	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY / TREASURER HARSHADRAI V. MISTRY P. O. BOX 46877 TAMPA, FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST MISTRY, HARISHCHANDRA V 77 DARTMOUTH STREET FOREST HILLS NY 11375	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900054236733 05/10/05--01108--001 **11.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 3/16/05		