2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000003189

1. Entity Name
VIJAYDEV MISTRY FOUNDATION INC.

Principal Place of Business	Mailing Address
1510 - 1526 EAST FOWLER AVENUE TAMPA, FL 33647	P.O. BOX 46877 TAMPA, FL 33647

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02172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
13-3440329
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MISTRY, HARSHADRAI V
17229 EMERALD CHASE DRIVE
TAMPA, FL 33647

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RATANJEE, BHIKA
STREET ADDRESS	77 DARTMOUTH STREET
CITY-ST-ZIP	FOREST HILLS, NY 11375
TITLE	VST
NAME	MISTRY, HARISHCHANDRA V
STREET ADDRESS	77 DARTMOUTH STREET
CITY-ST-ZIP	FOREST HILLS, NY 11375
TITLE	ST
NAME	MISTRY, HARSHADRAI V
STREET ADDRESS	P.O. BOX 46877
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/06-80015-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 2/17/2006 813 971 3750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #