


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

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
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02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 13-3440329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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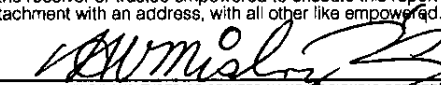
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RATANJEE, BHIKA 77 DARTMOUTH STREET FOREST HILLS, NY 11375
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MISTRY, HARISHCHANDRA V 77 DARTMOUTH STREET FOREST HILLS, NY 11375
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MISTRY, HARSHADRAI V P.O. BOX 46877 TAMPA, FL 33647
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/26/08-80047-022 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: 	2/11/2008 813 971 3750
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>