## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000005075

Entity Name: BAPS SHAYONA, INC.

FILED Jan 03, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 81 SUTTONS LANE PISCATAWAY, NJ 088545723 **Current Mailing Address: New Mailing Address:** 81 SUTTONS LANE PISCATAWAY, NJ 088545723 FEI Number: 11-3428578 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATEL, SHAILESH PATEL, NIBODH 541 SOUTH EAST 18TH AVENUE 541 SOUTH EAST 18TH AVENUE BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435 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: NIBODH 01/03/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PATEL, MAHENDRA Name: Name: 5 BRENDA ROAD Address: Address: City-St-Zip: NORTON, MA 02756 City-St-Zip: Title: () Delete Title: () Change () Addition BRAHMBHATT, RAJU Name: Name: Address: 17 DEANNA DR Address: City-St-Zip: EAST HANOVER, NJ 07936 City-St-Zip: Title: STD ( ) Delete Title: () Change () Addition VAGHELA, MADANSINH Name: Name: 529 MIL WOOD BLVD Address: Address: City-St-Zip: MARYSVILLE, OH 43040 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PATEL, ARVIND Name: 5647 E. FOUNTAIN CR Address: Address: City-St-Zip: MASON, OH 45040 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition PATEL, MAYANK PATEL, DEVESH Name: Name: 12575 91ST PLACE N 543 NADIA WAY Address: Address: City-St-Zip: MAPLE GROVE, MN 55369 City-St-Zip: STAFFORD, TX 77477 Title: (X) Delete Title: () Change () Addition PATEL, TUSHAR Name: Name: Address: 1425 ROANOAE TRACE Address:

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.

City-St-Zip:

SIGNATURE: MAHENDRA PATEL PD 01/03/2008

GRAYSON, GA 30017

City-St-Zip: