

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004900

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** VISHWA NIRMALA DHARMA CORPORATION

**Current Principal Place of Business:**

4565 SHERMAN OAKS AVE  
SHERMAN OAKS, CA 91403

**New Principal Place of Business:**

**Current Mailing Address:**

8361 NW 7TH ST  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 33-0240163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UPADHYA, LOUISA  
8361 NW 7TH ST  
PEMBROKE PINES, FL 33024 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: C ( ) Delete  
Name: SHRI MATAJI NIRMALA DEVI SHRIVASTAVA  
Address: 4565 SHERMAN OAKS AVE  
City-St-Zip: SHERMAN OAKS, CA 91403

Title: D ( ) Delete  
Name: SHRIVASTAVA, C.P. SIR  
Address: 4565 SHERMAN OAKS AVE  
City-St-Zip: SHERMAN OAKS, CA 91403

Title: SD ( ) Delete  
Name: WOLLENBERGER, STEVE  
Address: 4565 SHERMAN OAKS AVE  
City-St-Zip: SHERMAN OAKS, CA 91403

Title: P ( ) Delete  
Name: DUNPHY, DAVID  
Address: 4565 SHERMAN OAKS AVE  
City-St-Zip: SHERMAN OAKS, CA 91403

Title: CFO ( ) Delete  
Name: NALGTRKAR, RAHUL  
Address: 4565 SHERMAN OAKS AVE  
City-St-Zip: SHERMAN OAKS, CA 91403

**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: STEVEN WOLLENBERGER

SD

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date