


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90022 038 ****61.25

DOCUMENT # N00000000008	
1. Entity Name POINCIANA HINDU MANDIR AND CULTURAL ORGANIZATION INC.	

Principal Place of Business 999 GLOUCESTER COURT KISSIMMEE FL 34758 4201 Sevan way Kissimmee, FL 34746	Mailing Address 999 GLOUCESTER COURT KISSIMMEE FL 34758 4201 Sevan way Kissimmee, FL 34746
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3619772	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 DEOPERSAUD, RAMNARINE 999 GLOUCESTER COURT KISSIMMEE FL 34758 4201 Sevan way Kissimmee, FL 34746
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURDIAL, MADAN	NAME	
STREET ADDRESS	216 GRIFFORD DR.	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34758	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEOPERSAUD, RAMNARINE	NAME	
STREET ADDRESS	999 GLOUCESTER COURT 4201 Sevan way	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34758 Kissimmee, FL 34746	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANHAI, RAJESH	NAME	
STREET ADDRESS	1391 CIDER LANE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34758 KISSIMMEE FL 34744	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAI, RONNIE	NAME	
STREET ADDRESS	798 LACAYE ST	STREET ADDRESS	
CITY-ST-ZIP	POINCIANA FL 34759	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEOPERSAUD, PARMILA	NAME	
STREET ADDRESS	999 GLOUCESTER COURT 4201 Sevan way	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34758 KISSIMMEE FL 34746	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Madan Gurdial</u> <u>Madan Gurdial</u> <u>President</u> <u>2/18/04</u> <u>873-2679</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
<small>Date</small>
<small>Daytime Phone #</small>