

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90840 018 ****61.25

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|---|---------------------------------|---|---|--|--|
| DOCUMENT # N00000001563 | | | | | |
| 1. Entity Name PANDIT JASRAJ SCHOOL OF MUSIC FOUNDATION INC | | | | | |
| Principal Place of Business 3105 W WATERS AVENUE SUITE 315 TAMPA, FL 33614 | | | Mailing Address 3105 W WATERS AVENUE SUITE 315 TAMPA, FL 33614 | | |
| 2. Principal Place of Business - No P.O. Box # ONE TAMPA CITY CENTER Suite, Apt. #, etc. SUITE 2505 | | 3. Mailing Address ONE TAMPA CITY CENTER Suite, Apt. #, etc. SUITE 2505 | | | |
| City & State TAMPA FL | | City & State TAMPA FL | | 4. FEI Number 59-3649887 | |
| Zip 33602 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LALWANI, JIWAT 3105 W WATERS AVENUE SUITE 315 TAMPA, FL 33614 | | | 7. Name and Address of New Registered Agent Name: PUNWANI, AMEET Street Address (P.O. Box Number is Not Acceptable): ONE TAMPA CITY CENTER Suite 2505 City: TAMPA FL Zip Code: 33602 | | |
| 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: <u>[Signature]</u> <u>Ameeet A. Punwani</u> <u>4/19/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE PD NAME JASRAJ, PANDIT STREET ADDRESS 402 SHIV KARAN, PANCH MARS CITY-ST-ZIP NEW YARI, VERSONA, NUMBAI, IN 400061 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP NAME RAMNATH, KALA STREET ADDRESS 31 B/108 MANISH CHAITALI CO OP H SOCIETY CITY-ST-ZIP MANISH NAGAR, ANDHERI, IN 400058 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE DT NAME RAJU, R G STREET ADDRESS 3105 WEST WATERS AVENUE SUITE 105 CITY-ST-ZIP TAMPA, FL 33614 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE DS NAME LALWANI, J S STREET ADDRESS 3105 W WATERS AVE STE 315 CITY-ST-ZIP TAMPA, FL 33614 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS ONE TAMPA CITY CENTER SUITE 2505 CITY-ST-ZIP TAMPA FL 33602 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>[Signature]</u> <u>J.S. Lalwani</u> <u>4/20/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |