


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90005 038 \*\*\*\*70.00

**DOCUMENT # N00000004000**  
 1. Entity Name  
**SOUTH ASIA AGAINST AIDS FOUNDATION, INC.**



Principal Place of Business  
 113 SEA ISLAND LANE  
 BOCA RATON, FL 33431

Mailing Address  
 113 SEA ISLAND LANE  
 BOCA RATON, FL 33431

54055463



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03142003 Chg-NP CR2E037 (10/03)

4. FEI Number  
 65-1023246

Applied For  
 Not Applicable

6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 SEKHRI, ASHA  
 113 SEA ISLAND LANE  
 BOCA RATON, FL 33431

*Please change "O" to Olivia*

7. Name and Address of New Registered Agent  
 Name: ASHA OLIVIA SEKHRI  
 Street Address (P.O. Box Number is Not Acceptable)  
 City: FL Zip Code

*(Same person and Same address)*

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: *[Signature]* President/Founder/Trustee/Director  
 DATE: May 10, 2004

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SEKHRI, ASHA OLIVIA 113 SEA ISLAND LANE BOCA RATON, FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEN ZAFAR, MEHDI 102-18 62ND AVENUE FOREST HILLS, NY 11375	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUJRAL, GAUTAM S ESQ 38 KENDAL AVENUE MAPLEWOOD, NJ 07040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGRAWAL, DEEPAK DR. 3264 GLENWOOD DRIVE CLEVELAND, OH 44121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROIA, ADITYA ADITYA 231 EAST 10TH STREET NEW YORK, NY 10128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIRMANI, ANJALI 12341 QUINCE VALLEY DRIVE GAITHERSBURG, MD 20878	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAROIA, ADITYA SAME TITLE and address.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIRMANI, ANJALI Same title and address.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: May 10, 2004 DAYTIME PHONE #: (561) 703-9140