

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003272

FILED
Apr 02, 2009
Secretary of State

Entity Name: THE INDUS ENTREPRENEURS OF FLORIDA, INC.

Current Principal Place of Business:

5353 CONROY ROAD
SUITE 200
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

5353 CONROY ROAD
SUITE 200
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 65-1102242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHHAGANLAL, KIRAN
355 TWELVE OAKS DRIVE
SUITE 100
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

MADALA, RAVI
300 VILLAGE SQUARE CROSSING, SUITE 101
PALM BEACH GARDENS, FL 33410 US

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: RAVI MADALA

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MADALA, RAVI
Address: 300 VILLAGE SQUARE CROSSING, SUITE 101
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: VP () Delete
Name: UGALE, RAVI M
Address: ONE NORTH CLEMANTIS STREET, SUITE 510
City-St-Zip: WEST PALM BEACH, FL 33401

Title: P () Delete
Name: CHHAGANLAL, KIRAN
Address: 355 TWELVE OAKS DRIVE, SUITE 100
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: SEAL, ONEY
Address: 12070 MIRAMAR PARKWAY
City-St-Zip: MIRAMAR, FL 33025 US

Title: D () Delete
Name: SHAH, KAM
Address: 1743 PARK CENTRAL DRIVE, SUITE 300
City-St-Zip: ORLANDO, FL 32835 US

Title: D () Delete
Name: ASSAD, ROY
Address: 319 CLEMANTIS STREET, SUITE 408
City-St-Zip: WEST PALM BEACH, FL 33401 US

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
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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: RAVI MADALA

D

04/02/2009

Electronic Signature of Signing Officer or Director

Date