

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000005342

1. Entity Name
VISHNU MANDIR, INC.



Principal Place of Business
**5803 LYNN RD.
TAMPA, FL 33624**

Mailing Address
**3052 7TH AVE N
SAINT PETERSBURG, FL 33713**



03182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0553790

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHARMA, SEWNARINE
5803 LYNN RD.
TAMPA, FL 33624**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SINGH, SHANTIA
3052 7TH AVE.
SAINT PETERSBURG, FL 33713**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PARIMAL, BUTALA
1307 E. HILLSBOROUGH AVE.
TAMPA, FL 33604**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DINDIAL, SONN L
5549 24TH AVE N.
SAINT PETERSBURG, FL 33710**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
NARIE, PERSAD
2801 LACOUCHA DR.
CLEARWATER, FL 33762**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PATEL, PRATIV
3312 LITHIA PINECREST RD
VALRICO, FL 33594**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MADHO, JAIMANGAL
3301 3RD AVE N.
SAINT PETERSBURG, FL 33713**

1300000534252
04/11/06-00061-026 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Shantia Singh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06

DAY

Daytime Phone #