

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

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90008 003 \*\*\*\*61.25

**DOCUMENT # N02000007421**

1. Entity Name

SURYANARAYAN FOUNDATION INC.



Principal Place of Business

2806 N. 9TH ST.  
TAMPA FL 33605

Mailing Address

2806 N. 9TH ST.  
TAMPA FL 33605

54024648



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

81-0576281

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEUPAUL, CLAUDE  
2806 N. 9TH ST.  
TAMPA FL 33605

7. Name and Address of New Registered Agent

Name

N/A

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

*Claude Seupaul*

3/29/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 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          | PD                       | <input type="checkbox"/> Delete |
| NAME           | SEUPAUL, CLAUDE          |                                 |
| STREET ADDRESS | 2806 N. 9TH ST.          |                                 |
| CITY-ST-ZIP    | TAMPA FL 33605           |                                 |
| TITLE          | SD                       | <input type="checkbox"/> Delete |
| NAME           | SOOKHOO, ROOPNARINE      |                                 |
| STREET ADDRESS | 1703 WEST ERNA STREET    |                                 |
| CITY-ST-ZIP    | TAMPA FL 33603           |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | RAMLOGAN, NARESH FOUNDER |                                 |
| STREET ADDRESS | 2810 N. 10TH ST.         |                                 |
| CITY-ST-ZIP    | TAMPA FL 33605           |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | Director                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Ramroop, Leela            |  |
| STREET ADDRESS | 11515 Andy Drive          |  |
| CITY-ST-ZIP    | Riverview, FL - 33569     |  |
| TITLE          | Director                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Ram Maharaj               |  |
| STREET ADDRESS | 18307 Cypress Haven Drive |  |
| CITY-ST-ZIP    | Tampa, FL - 33647         |  |
| TITLE          | Treasurer - Director      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Ramlogan, Naresh          |  |
| STREET ADDRESS | 2810 N. 10th Street       |  |
| CITY-ST-ZIP    | Tampa, FL - 33605         |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| 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:

*Claude Seupaul* Claude Seupaul (Resident) 3/29/04

813-274-0009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #