


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90536 022 ****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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SEUPAUL, CLAUDE 2806 N. 9TH ST. TAMPA, FL 33605				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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>Claude Seypaul, President</u>				DATE: <u>4/30/05</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEUPAUL, CLAUDE		NAME		
STREET ADDRESS	2806 N. 9TH ST.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOOKHOO, ROOPNARINE		NAME		
STREET ADDRESS	1703 WEST ERNA STREET		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33603		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMLOGAN, NARESH		NAME		
STREET ADDRESS	2810 N. 10TH ST.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMROOP, LEELA		NAME	RAMROOP, Leela	
STREET ADDRESS	11515 ANDY DRIVE		STREET ADDRESS	11515 Andy Drive	
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP	Riverview, FL - 33569	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHARAJ, RAM		NAME		
STREET ADDRESS	18307 CYPRESS HAVEN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Claude Seypaul</u>				DATE: <u>4/30/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>813-334-3573</u>	

JUU40J2J



01292005 Chg-NP CR2E037 (10/03)

4. FEI Number
81-0576281

Applied For
Not Applicable

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

FL

Zip Code