
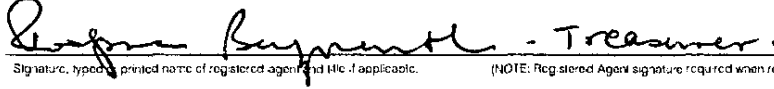
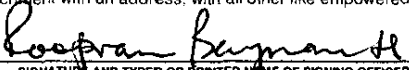


**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

84027917

<b>DOCUMENT # N02000007703</b>						<b>Secretary of State</b>	
1. Entity Name <b>BHUVANESHWAR MANDIR, INC.</b>				03-11-2004 90015 034 ****75.00			
Principal Place of Business <b>600 HULL ISLAND DR OAKLAND, FL 34787</b>				Mailing Address <b>600 HULL ISLAND DR OAKLAND, FL 34787</b>			
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			
<b>BAIJNAUTH, ROOPRAM</b>				Name			
<b>1050 STATIONSIDE DR</b>				Street Address (P.O. Box Number is Not Acceptable)			
<b>OAKLAND, FL 34787</b>				City			
				<b>FL</b>			
				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  - Treasurer				3-8-04			
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting)				DATE			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>				9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BALDEO, SEEYU			NAME			
STREET ADDRESS	1051 STATIONSIDE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OAKLAND, FL 34787			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAIJNAUTH, ROOPRAM			NAME			
STREET ADDRESS	1050 STATIONSIDE DR			STREET ADDRESS			
CITY-ST-ZIP	OAKLAND, FL 34787			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REWAH, RAMANAND			NAME			
STREET ADDRESS	1070 TRAILSIDE COURT			STREET ADDRESS			
CITY-ST-ZIP	OAKLAND, FL 34787			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOSSAI, PRAKASH			NAME			
STREET ADDRESS	1050 STATIONSIDE DR			STREET ADDRESS			
CITY-ST-ZIP	OAKLAND, FL 34787			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BHURAMAN, BHISHMA			NAME	ASST. SEC. TREAS.		
STREET ADDRESS	16051 SE HWY 42			STREET ADDRESS	BIDYAWATTIE BAIJNAUTH		
CITY-ST-ZIP	WEIRSDALE, FL 32195			CITY-ST-ZIP	665 SIMEON ROAD		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	OAKLAND, FL 34787		
NAME	CHURAMAN, FRANK			TITLE	SECRETARY		
STREET ADDRESS	16051 SE HWY 42			NAME	BASDEO JAGNANDAN		
CITY-ST-ZIP	WEIRSDALE, FL 32195			STREET ADDRESS	203 LARGO VISTA DRIVE		
				CITY-ST-ZIP	OAKLAND, FL 34787		
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:  ROOPRAM BAIJNAUTH				3-8-04 407 656 92			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			