2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004
Secretary of State

DOCUMENT# N02000008036

Entity Name: CITRUS INDO-AMERICAN ASSOCIATION, INC.

Current Principal Place of Business:

1255 N. VANTAGE POINT DR.
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

1255 N. VANTAGE POINT DR.
CRYSTAL RIVER, FL 34429

New Mailing Address:

FEI Number: 11-3657171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, CHANDRA
1255 N. VANTAGE POINT DR.
CRYSTAL RIVER, FL 34429

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	AMIN, KAMLESH	
Address:	515 W. BRITAIN ST.	
City-St-Zip:	HERNANDO, FL 34442	
Title:	D	( ) Delete
Name:	PATEL, CHANDRA	
Address:	267 E. DAKOTA CT.	
City-St-Zip:	HERNANDO, FL 34442	
Title:	TD	( ) Delete
Name:	PATEL, SHIRISH	
Address:	P.O. BOX 1660	
City-St-Zip:	HERNANDO, FL 34442	
Title:	D	( ) Delete
Name:	SHAH, NEHA	
Address:	8210 N. GOLF VIEW DR.	
City-St-Zip:	DUNNELLON, FL 34442	
Title:	D	( ) Delete
Name:	NATHAN, RAMA	
Address:	629 W. BRITAIN ST.	
City-St-Zip:	HERNANDO, FL 34442	
Title:	PD	( ) Delete
Name:	PATEL, NAYNA	
Address:	415 SW 1ST AVE.	
City-St-Zip:	CRYSTAL RIVER, FL 34429	

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
Name:	
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 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 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: CHANDRA PATEL D 07/01/2004

Electronic Signature of Signing Officer or Director — Date