

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008036

FILED
Apr 12, 2007
Secretary of State

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 US

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: 70 E. JOPLIN 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: GURNANI, JAYA
Address: 4391 N. PINEVALLEY LOOP
City-St-Zip: LECANTAO, FL 34461

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 Chapter 119, 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

04/12/2007

Electronic Signature of Signing Officer or Director

Date