## FILED Apr 23, 2001 8:00 am § Secretary of State **DOCUMENT # N02308** 1. Entity Name KERALA SAMAJAM OF SOUTH FLORIDA INC. I-23-2001 90093 034 \*\*\*\*61.25 Principal Place of Business Mailing Address 4865 N.W. 101 AVENUE 4865 N.W. 101 AVENUE CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 2. Principal Place of Business 3. Mailing Address 4865 N.W. 101 AUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE CORAL SPRING City & State City & State 4. FEI Number Applied For 65-0153874 Not Applicable Zip Country Country \$8.75 Additional 33076 5. Certificate of Status Desired BROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TACOB PADAVATHIL Street Address (P.O. Box Number is Not Acceptable) VARUGHEŞE, GEORGY 521 CARRINGTON LN LANCELOT LANE 5200 WESTON FL 33326 DAVIE 3333 8. The above named entity submits this statement for the purpose of changing it registered office or registered agent, or both, in the state of Florida. PADAVATHIL JACOB demostra" 4-16-01 (NOTE: Registered A nt signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change Change P Addition NAME VARUGHESE, GEORGY NAME JACOB PADAVATHIL STREET ADDRESS **521 CARRINGTON LN** STREET ADDRESS 5200 LANCELOT LANE CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 DAVIE FL- 33331 TITLE **Delete** TITLE Change Change **Addition** BERNARD NAME CHACKO, JOSEPH NAME JOHN STREET ADDRESS 14401 S.W. 97 AVE FL 4865 NW 101 AVE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33076 CITY-ST-ZIP FL - MIAMI, FL - 33176 TITLE TITLE Delete **Change** Addition NAME CHILAMPATH, BINU MARIAMMA CHACKE STREET ADDRESS 5684 SW 114 AVE STREET ADDRESS 4865 N.W. 101 AVE CITY-ST-ZIP COOPER CITY FL 33330 CITY-ST-7IP CORAL SPRINGS TITLE Delete TITLE **Change** Addition A NAME IDICULLA, RAJUMON NAME WILSON BENJAMIN STREET ADDRESS 17033 NW 15TH ST STREET ADDRESS 10010 N.W. 3.55T CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33028 HOLLY WOOD, FL-33024 TITLE TITLE Delete Change Change Addition D CHACKO PHILIP THOTTAM, MATHEW NAME NAME 11681 N.W. 23745t STREET ADDRESS 5932 TRIPHAMMER RD STREET ADDRESS PLANTATION, FL - 33323 CITY-ST-7IP LAKE WORTH FL 33463 CITY-ST-7iP TITLE Delete TITLE Change Addition GEORGE, RAJANKUTTY NAME NAME DY. JAMES MATHEW

MIAMI, FL- 33186 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

1073 SEQUOIA LN

WESTON FL 33327

STREET ADDRESS

CITY-ST-ZIP

devaluel SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 04-16-01

10210 S.W. 138 ET

(954) 757-6622

Daytime Phone #