


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

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000001342	
1. Entity Name MANAV MANDIR INC.	

Principal Place of Business 2290 W EAU GALLIE BLVD, STE 200 MELBOURNE, FL 32935	Mailing Address 2290 W EAU GALLIE BLVD, STE 200 MELBOURNE, FL 32935
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DO NOT WRITE IN THIS SPACE



02032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 86-1070806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
SOILEAU, JOHN L 1970 MICHIGAN AVE, STE C COCOA, FL 32923	

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

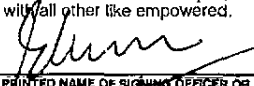
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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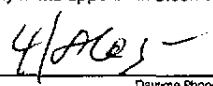
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GADODIA, GOPAL 129 LANSING IS DR IHB, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAH, MAHESH 702 HAWKSBILL DR SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DESAI, SHASHIN 2200 WEST EAU GALLIE BLVD. MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SONI, MAHESH 1051 PORT MALABAR BLVD #9 PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD SHAH, RAJESH 740 NICHLAUS DR MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD PATEL, PRAVIN 3465 BIG PINE ROAD MELBOURNE, FL 32934

U00000303130
04/13/05-00098-023 61.25

**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  _____

Date:  Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR