

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N03000001342

Entity Name: MANAV MANDIR INC.

Current Principal Place of Business:

2200 W EAU GALLIE BLVD, STE 200
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

2200 W EAU GALLIE BLVD, STE 200
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 86-1070806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOILEAU, JOHN L
1970 MICHIGAN AVE, STE C
COCOA, FL 32923 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: PRES () Delete
Name: GADODIA, GOPAL
Address: 129 LANSING IS DR
City-St-Zip: IHB, FL 32937

Title: VP () Delete
Name: SHAH, MAHESH
Address: 702 HAWKSBILL DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: TR () Delete
Name: DESAI, SHASHIN
Address: 2200 WEST EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32935

Title: SEC () Delete
Name: SONI, MAHESH
Address: 1051 PORT MALABAR BLVD #9
City-St-Zip: PALM BAY, FL 32905

Title: BD () Delete
Name: SHAH, RAJESH
Address: 740 NICHLAUS DR
City-St-Zip: MELBOURNE, FL 32940

Title: BD () Delete
Name: PATEL, PRAVIN
Address: 3465 BIG PINE ROAD
City-St-Zip: MELBOURNE, FL 32934

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
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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 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: GOPAL GADODIA

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date