


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

|   |   |                                 |  |  |  |
|---|---|---------------------------------|--|--|--|
| <b>DOCUMENT # N03000004813</b>  |   |                                 |  |   |  |
| 1. Entity Name<br><b>HUMANS IN CRISIS INTERNATIONAL CORPORATION</b>   |   |                                 |  |  |  |
| Principal Place of Business<br><b>9417 NW 39TH PLACE<br/>SUNRISE FL 33351</b>   |   |                                 | Mailing Address<br><b>9417 NW 39TH PLACE<br/>SUNRISE FL 33351</b>  |  |  |
| 2. Principal Place of Business  |   |                                 | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.   |   |                                 | Suite, Apt. #, etc.  |  |  |
| City & State  |   |                                 | City & State   |  |  |
| Zip   | Country   | Zip                             | Country  | 4. FEI Number<br><b>NO-T APPLICABLE</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |                                 |  | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GARBHARRAN, HARI P<br/>9417 NW 39TH PLACE<br/>SUNRISE FL 33351</b>  |   |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____   |   |                                 |  |  |  |
| FILE NOW: FEE IS \$61.25<br>Due By May 1, 2005  |   |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | Make Check Payable to<br>Florida Department of State |
| 10. OFFICERS AND DIRECTORS  |   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | PD<br>GARBHARRAN, HARI P<br>9417 NW 39TH PLACE<br>SUNRISE FL 33351  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | U00000323305<br>04/22/05-80047-023 61.25<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | VTSD<br>GARBHARRAN, HEENA<br>9417 NW 39TH PLACE<br>SUNRISE FL 33351 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | D<br>HULL, MANI S<br>1207 HOOD DRIVE<br>BRENTWOOD TN 37027          | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | D<br>SHARMA, ASHOK<br>9023 SILVERLAKE DRIVE<br>LEESBURG FL 34788    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARI GARBHARRAN 04/19/05 954-749-8425  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #