

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005114

FILED
Mar 15, 2008
Secretary of State

Entity Name: MAAYBOLI MELAWA TAMPA BAY INC.

Current Principal Place of Business:

5835 HERONVIEW CRESCENT DRIVE
LITHIA, FL 33547 US

New Principal Place of Business:

Current Mailing Address:

5835 HERONVIEW CRESCENT DRIVE
LITHIA, FL 33547 US

New Mailing Address:

FEI Number: 33-1073171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DESHPANDE, ADITI MRS.
2824 WESLEYAN DR.
PALM HARBOR, FL 34684 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: P () Delete
Name: DESHPANDE, ADITI MRS.
Address: 2824 WESLEYAN DR.
City-St-Zip: PALM HARBOR, FL 34684

Title: T () Delete
Name: SANJIV, POTDAR
Address: 5835 HERONVIEW CRESCENT DRIVE
City-St-Zip: LITHIA, FL 33547

Title: ECM () Delete
Name: WABLE, GIRISH
Address: 198-115TH AVE NE
City-St-Zip: ST. PETERSBURG, FL 33716

Title: ECM () Delete
Name: NAIK, JITENDRA
Address: 16105 WENTWORTH WY
City-St-Zip: ODESSA, FL 33556

Title: ECM () Delete
Name: GANDRE, SWAPNA
Address: 24824 PORTOFINO DRIVE
City-St-Zip: LUTZ, FL 33559

Title: S () Delete
Name: DEEPAK, PHADNIS
Address: 80 KENDRA WAY, APT. 905
City-St-Zip: PALM HARBOR, FL 34684

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: ECM (X) Change () Addition
Name: DESHMUKH, GANESH
Address: 7114 COLONIAL LAKE DRIVE
City-St-Zip: RIVERVIEW, FL 33578

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: SANJIV POTDAR

T

03/15/2008

Electronic Signature of Signing Officer or Director

_____ Date