

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90073 026 \*\*\*\*61.25

**DOCUMENT # N03000006820**

1. Entity Name

**SHRI SARASWATI DEVI MANDIR INC.**



Principal Place of Business

**16220 LIVINGSTON AVE.  
LUTZ FL 33549**

Mailing Address

**15909 OLD STONE PL.  
TAMPA FL 33624**

2. Principal Place of Business

**16220 LIVINGSTON AVE**

Suite, Apt. #, etc.

3. Mailing Address

**15909 OLD STONE PL**

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

**LUTZ, FLORIDA**

Zip

**33549**

Country

**U.S.A**

City & State

**TAMPA, FLORIDA**

Zip

**33624**

Country

**USA**

4. FEI Number

**27-0065183**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHARMA, DAVE P  
15909 OLD STONE PLACE  
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: **P** ☐ Delete  
NAME: **SHARMA, DAVE P PANDIT**  
STREET ADDRESS: **15909 OLD STONE PLACE**  
CITY-ST-ZIP: **TAMPA FL 33624**

TITLE: **VP** ☐ Delete  
NAME: **RAMLALL, NARINE**  
STREET ADDRESS: **8306 NORTH ROME AVENUE**  
CITY-ST-ZIP: **TAMPA FL 33604**

TITLE: **SECT** ☐ Delete  
NAME: **PERSAUD, JANGBAHADOOR**  
STREET ADDRESS: **1450 WILKINSON DRIVE**  
CITY-ST-ZIP: **PLANT CITY FL 33567**

TITLE: **TRS** ☒ Delete  
NAME: **KHORRAN, RAPHAEL MD**  
STREET ADDRESS: **512 SOUTH DALE MABRY HWY**  
CITY-ST-ZIP: **TAMPA FL 33609**

TITLE: **ASS** ☐ Delete  
NAME: **MOHANLALL, KOBIR**  
STREET ADDRESS: **6445 17TH WAY NORTH**  
CITY-ST-ZIP: **ST PETERSBURG FL 33702**

TITLE: **ASST** ☒ Delete  
NAME: **RAMPHAL, WINSTON**  
STREET ADDRESS: **10217 NORTH 28TH ST.**  
CITY-ST-ZIP: **TAMPA FL 33612**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** ☒ Change ☐ Addition  
NAME: **MOHANLALL KOBIR**  
STREET ADDRESS: **6445 17TH WAY NORTH**  
CITY-ST-ZIP: **ST PETERSBURG FL 33702**

TITLE: **ASST T** ☒ Change ☐ Addition  
NAME: **ANNIRUDE NARINE**  
STREET ADDRESS: **5638 PADDOCK TRAIL DR**  
CITY-ST-ZIP: **TAMPA, FL 33624**

TITLE: **T** ☐ Change ☒ Addition  
NAME: **BURT C JAGMOHAN**  
STREET ADDRESS: **16019 GLEN HAVEN DR**  
CITY-ST-ZIP: **TAMPA FL 33618**

TITLE: **ASST S** ☐ Change ☒ Addition  
NAME: **NANJANIE K. PERSAUD**  
STREET ADDRESS: **15120 BRUSHWOOD DR**  
CITY-ST-ZIP: **TAMPA, FL 33624**

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. 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.

**SIGNATURE:**

*Dave P. Sharma* (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/04**

Date

**(813) 264-1539**

Daytime Phone #