

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006820

FILED
Apr 28, 2009
Secretary of State

Entity Name: SHRI SARASWATI DEVI MANDIR INC.

Current Principal Place of Business:

16220 LIVINGSTON AVE
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

DAVE P. SHARMA
30927 BRIDGEGATE DRIVE
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 27-0065183 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAGMOHAN, BURT
16019 GLEN HAVEN DRIVE
TAMPA, FL 33618 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: SL () Delete
Name: SHARMA, DAVE P
Address: 30927 BRIDGEGATE DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: BM () Delete
Name: KOBIR, MOHANLAL
Address: 6445 17TH WAY N
City-St-Zip: ST PETERSBURG, FL 33709

Title: S () Delete
Name: PERSAUD, JANGBAHADDOOR
Address: 1450 WILKINSON DRIVE
City-St-Zip: PLANT CITY, FL 33567

Title: T () Delete
Name: JAGMOHAN, BURT C
Address: 16019 GLEN HAVEN DR.
City-St-Zip: TAMPA, FL 33618

Title: P () Delete
Name: RAMPERTAAP, MOONASAR
Address: 6170 9TH AVE CR N E
City-St-Zip: BRADENTON, FL 34212

Title: BM () Delete
Name: SIGH, KUMALNAUTH
Address: 3907 LITTLE EGRET CT
City-St-Zip: LUTZ, FL 33558

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:

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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: BURT JAGMOHAN

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date