2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007808

Name:

Address:

City-St-Zip:

SHRI MARRIE AMA KALI TEMPLE INC.

FILED Apr 21, 2009 Secretary of State

Entity Name: SHRI MARRIE AMA KALI TEMPLE, INC. **Current Principal Place of Business: New Principal Place of Business:** 1840 SW 126TH AVE. MIRAMAR, FL 33027 **Current Mailing Address: New Mailing Address:** 1840 SW 126TH AVE MIRAMAR, FL 33027 FEI Number: 86-1081125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOOLCHARRAN, RAMCHAN 1840 SW 126TH ÁVE MIRAMAR, FL 33027 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BASOODDO, RADINDRA Name: Name: Address: 1840 SW 126TH AVE. Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LACHHMAN, HARDIA Name: Address: 1840 SW 126TH AVE. Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: () Delete Title: () Change () Addition GOOLCHARRAN, RAMCHAN Name: Name: 1840 SW 126TH AVE. Address: Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: GOOLCHARRAN, RAMESH 1840 SW 126TH AVE. Address: Address: City-St-Zip: City-St-Zip: MIRAMAR, FL 33027 Title: () Delete Title: () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

HEERALAL, DHARAMRAJ

1840 SW 126TH AVE.

MIRAMAR, FL 33027

SIGNATURE: RAMCHAN GOOLCHARRAN D 04/21/2009