



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90010 042 \*\*\*\*61.25

<b>DOCUMENT # N03000008162</b> 1. Entity Name <b>HINDU AMERICAN FOUNDATION, INCORPORATED.</b>					
Principal Place of Business <b>5164 STERLING MANOR DR TAMPA, FL 33647</b>			Mailing Address <b>5164 STERLING MANOR DR TAMPA, FL 33647</b>		
2. Principal Place of Business <b>10439 Lucaya Drive</b> Suite, Apt. #, etc. <b>Tampa, Florida</b>		3. Mailing Address <b>P.O. BOX 48528</b> Suite, Apt. #, etc. <b>Tampa, Florida</b>			
City & State <b>Tampa, Florida</b>		City & State <b>Tampa, Florida</b>		4. FEI Number <b>68-055-1525</b>	
Zip <b>33647</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JOSHI, NIKHIL N ESQ 5164 STERLING MANOR DR TAMPA, FL 33647</b>				(Name and Address of New Registered Agent) Name <b>NIKHAL N. JOSHI</b> Street Address (P.O. Box Number is Not Acceptable) <b>10439 LUCAYA DRIVE</b> City <b>TAMPA</b> FL Zip Code <b>33647</b>	
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: <u><i>Nikhil N. Joshi</i></u> <b>Member Board of Directors</b> <span style="float: right;">August 25, 2004</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARG, SANJAY CFO 20 MCCUSKER DR STE #10 BRAINTREE, MA 02184	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEGHANI, MIHIR CEO 37808 FRUITWOOD CT FREMONT, CA 94536	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUKLA, ASEEM MD 8515A GERMANTOWN AVE PHILADELPHIA, PA 19118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSHI, NIKHIL N ESQ 5164 STERLING MANOR DR TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10439 LUCAYA DRIVE TAMPA, FLORIDA 33647</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RAO, NAGENDRA 1 43-23 B ARCLAY AVE STE 66 FLUSHING QUEENS, NY 11355	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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)(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: <u><i>Nikhil N. Joshi</i></u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				August 25, 2004 813-994-1017 <small>Date Daytime Phone #</small>	