2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# N04000004949

Entity Name: SHRI SURYA NARAYAN MANDIR OF FLORIDA, INC.

Current Principal Place of Business:

2889 CULLENS COURT
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

5503 NW 104 PL
GAINESVILLE, FL 32653

New Mailing Address:

FEI Number: 20-1144285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMNARINE, VISHNU
5503 NW 104TH PLACE
GAINESVILLE, FL 32653 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:	T	( ) Delete
Name:	BAJRANGI, MAHENDRA	
Address:	14421 TILDEN ROAD	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	T	( ) Delete
Name:	RAMNARINE, KAY	
Address:	5503 NW 104TH PLACE	
City-St-Zip:	GAINESVILLE, FL 32653	
Title:	T	( ) Delete
Name:	MARAJ, HEMRAJ	
Address:	2889 CULLENS COURT	
City-St-Zip:	OCOEE, FL 34761	
Title:	T	( ) Delete
Name:	BAJRANGI, RAJENDRA	
Address:	784 SILVER SMITH CIRCLE	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	T	( ) Delete
Name:	TIWARI, BASMATTIE	
Address:	677 EDGEWOOD DRIVE	
City-St-Zip:	WESTBURY, NY 11590	
Title:	T	( ) Delete
Name:	PERSAUD, KRISHNA	
Address:	89-13 212TH STREET	
City-St-Zip:	QUEENS VILLAGE, NY 11427	

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:	( ) 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 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: VISHNU RAMNARINE RA 04/04/2006

Electronic Signature of Signing Officer or Director — Date