

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000002903

1. Entity Name
UNNATI FOUNDATION INC.



Principal Place of Business
**21109 ESCONDIDO WAY
BOCA RATON, FL 33433 US**

Mailing Address
**21109 ESCONDIDO WAY
BOCA RATON, FL 33433 US**



03272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2529907

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KHARE, BRIJ B
211109 ESCONDIDO WAY
BOCA RATON, FL 33433**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHARE, BRIJ MR 21109 ESCONDIDO WAY BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KHARE, NANCY S MRS 21109 ESCONDIDO WAY BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NARAYANSWAMI, SARSA MRS 501 COUNTRY VALLEY ROAD WEST LAKE VILLAGE LOS ANGELES, CA 91362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MADNANI, BASANT MR P O BOX 9513 CORAL SPRINGS, FL 33075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DAVE, AMITA MRS 2221 DALADIER AVE RANCHO PALOS VERDES, CA 90274
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN00000687718
04/10/07-80049-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-07

Date

Daytime Phone # _____