## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2006 8:00 am Secretary of State

		AMMOAL	KEFOKI			. <b>S</b>	ecretar	V OT	Sta	ate
DOCUMENT # N0500003619  1. Entity Name GUJARATI SOCIETY OF CENTRAL FLORIDA, INC.							05-02-2006 902	-		
7400 SOUTHLAND BLVD 74 SUITE: 108 SU			Mailing Address 7400 SOUTHLAND BLVD SUITE: 108 ORLANDO, FL 32809						[[  [  ]  ]]	
			3. Mailing Address 6340 ROLEIGH STREET							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04272006 C	hg-NP C	R2E037 (	(4/06)		
City & Stat		FLORIDA	City & State	Floris	A	4. FE! Number メ 59-3	659548		<del>                                     </del>	olied For Applicable
جے <del>د</del> جے ۔ آبان	35	Country	32835	Country	٤.	5. Certificate of S	tatus Desired		<b>75</b> Addi Required	
	6. Name	and Address of Current I	Registered Agent				dress of New Regist	tered Agen	it	
VYAS, BH		:				, BHAN				
7400 SOU SUITE: 10	8			Street A	ddress (	P.O. Box Number is RALE 10	Not Acceptable)	PEE	==	
ORLANDO	), FL, FL 3	32809		1 -	PUITE # 1001					
	,,	· .		City	عور	مصم		FL   1	Zip Code	355
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										
	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered Agent signa	ure required	when reinstating)	1	DATE		
		e is \$61.25	9. Election Cam	paign Eigeneine		· · · · · · · · · · · · · · · · · · ·	T			
10.		ay 1, 2006	Trust Fund Co			\$5.00 May Be Added to Fees		check pay Departmei		
		OFFICERS AND DIR	Trust Fund Co			Added to Fees	Florida D	Departmei	nt of Sta	ite
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5738 LOS		Trust Fund Co	ontribution.	PRE	Added to Fees  ADDITIONS/CHANGES ID ENT	Florida C	Departmen	ORS IN	10 Addition
NAME STREET ADDRESS	UDANI, M 5738 LOS ORLANDO VP PATEL, K 7575 DR.	OFFICERS AND DIR AHENDRA D.D.S. PALM VISTA DR	Trust Fund Co	ontribution.  11.  TITLE  NAME  STREET ADDRESS	Par Por Tor Vic	Added to Fees  ADDITIONS/CHANGES ID ENTITED VICE CARRANDO  LE POETO ENTITED VICE CARRANDO  LE	Florida D	ND DIRECT	Change Change	Addition  Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	UDANI, M 5738 LOS ORLANDO VP PATEL, K 7575 DR. ORLANDO S PATEL, R 8441 TIVO	OFFICERS AND DIR  AHENDRA D.D.S. PALM VISTA DR D, FL 32837  ALPANA M.D. PHILLIPS BLVD STE: 1 D, FL 32819  ASHMI	Trust Fund Co	Ontribution.  11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Par Por Tor Vic	Added to Fees  ADDITIONS/CHANGES ID ENTITED VICE CARRANDO  LE POETO ENTITED VICE CARRANDO  LE	Florida C ESTO OFFICERS AI NOD . KI NATIONA NOD ELD DR. DRA E CALA	Department ND DIRECT	ORS IN Change	Addition  Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	UDANI, M 5738 LOS ORLANDO VP PATEL, K 7575 DR. ORLANDO S PATEL, R 8441 TIVO ORLANDO T VYAS, BH 6340 RALI	OFFICERS AND DIR  AHENDRA D.D.S. PALM VISTA DR D, FL 32837  ALPANA M.D. PHILLIPS BLVD STE: 1 D, FL 32819  ASHMI DLI DR. D, FL 32836	Trust Fund Co	11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	Par Por Tor Vic	Added to Fees  ADDITIONS/CHANGES ID ENTITED VICE CARRANDO  LE POETO ENTITED VICE CARRANDO  LE	Florida C ESTO OFFICERS AI NOD . KI NATIONA NOD ELD DR. DRA E CALA	Department ND DIRECT	nt of Stationary Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	UDANI, M 5738 LOS ORLANDO VP PATEL, K 7575 DR. ORLANDO S PATEL, R 8441 TIVO ORLANDO T VYAS, BH 6340 RALI	OFFICERS AND DIR  AHENDRA D.D.S. PALM VISTA DR D, FL 32837  ALPANA M.D. PHILLIPS BLVD STE: 1 D, FL 32819  ASHMI DLI DR. D, FL 32836  AILAL EIGH STREET # 1001	Trust Fund Co	ONTRIBUTION.  11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	Par Por Tor Vic	Added to Fees  ADDITIONS/CHANGES ID ENTITED VICE CARRANDO  LE POETO ENTITED VICE CARRANDO  LE	Florida C ESTO OFFICERS AI NOD . KI NATIONA NOD ELD DR. DRA E CALA	Department ND DIRECT	Change Change Change Change	Addition  Addition  Addition

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.

CITY-ST-ZIP

SIGNATURE:	Braclas	Uyas	
	SIGNATURE AND TYPED OF		NG OFFICER OR DIRECTOR

#NOSTO0003619

ADMINISTRAÇÃO COMPANSA DE COMP			
1045	63-4/630 FL 604	ARS ()	\$
GUJARATI SOCIETY OF CENTRAL FLORIDA, IN 04-05 7400 SOUTHLAND BLVD. UNIT 108 ORLANDO, FL. 22809	FOR ELECTION THEORY OF STATE & GIVE TO STATE OF	DOLLARS A	Brailal Vas
FLORIDA, IN 04-05	DATE OF	2006	
GUJARATI SOCIETY OF CENTRAL FLORIDA, IN 407-438-0766 7400 SOUTHLAND BLVD. UNIT 108 OBLANDO, FL. 32809	FOR ELECTION TO STORE THE	ES THE POST OF THE	3659548
GUJARATI SOC	PAY TO THE ORDER OF LOGLODA TO THE	Bank of America	FOR LEGI OF CA-2655 CA
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