

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90002 044 ****70.00

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06272006 Chg-NP CR2E037 (4/06)

4. FEI Number ☐ Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

MAHARAJ, RAM
18307 CYPRESS HAVEN DR
TAMPA, FL 33647

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MAHARAJ, RAM	
STREET ADDRESS	18307 CYPRESS HAVEN DR	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	RAMPHAL, WINSTON	
STREET ADDRESS	10217 N 28TH STREET	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JHODA, NARSINGH	
STREET ADDRESS	10542 LUCAYA DR	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAGOONANAN, PHILLIP	
STREET ADDRESS	3905 KING DR	
CITY-ST-ZIP	TAMPA, FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAHARAJ, BALRAJ	
STREET ADDRESS	10421 BENEVA DR	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	S	<input type="checkbox"/> Delete
NAME	PATEL, NEETU SINGH	
STREET ADDRESS	8425 MAPEL FLOWER	
CITY-ST-ZIP	TAMPA, FL 33614	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID RAJARAM
STREET ADDRESS	7712 BINGHAM CR.
CITY-ST-ZIP	TAMPA 33625
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEISHA RAGOONANAN
STREET ADDRESS	115 ANDY DR.
CITY-ST-ZIP	TAMPA FL 33569
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHARAT PERSAD
STREET ADDRESS	115 ANDY DR.
CITY-ST-ZIP	TAMPA 33569
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: R. Maharaj 6-26-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EIN # 02-0765547