

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

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # N05000012718	
1. Entity Name SERVICE, SPIRITUALITY & EDUCATION FOUNDATION, INC.	
Principal Place of Business 2470 NW 102ND PLACE, UNIT 204 MIAMI, FL 33172	Mailing Address 2470 NW 102ND PLACE, UNIT 204 MIAMI, FL 33172



02202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0619930	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

**ABRAMS, PERLA F. ESQ.
9400 S. DADELAND BLVD., PH-3
MIAMI, FL 33156**

**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**

**U000000661460
03/20/07-80042-011 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AHUJA, CHANDRA 2470 NW 102ND PLACE, UNIT 204 MIAMI, FL 33172
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SABNANI, SURESH 2470 NW 102ND PLACE, UNIT 204 MIAMI, FL 33172
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DASWANI, PRITAM 2470 NW 102ND PLACE, UNIT 204 MIAMI, FL 33172
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RAMGOOLAM, USHA 2470 NW 102ND PLACE, UNIT 204 MIAMI, FL 33172
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM SUJAN, TONY 2470 NW 102ND PLACE, UNIT 204 MIAMI, FL 33172
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**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

3/2/07

Date

Daytime Phone # _____