

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000019

FILED
Apr 28, 2009
Secretary of State

Entity Name: PURAN DEVI AGGARWAL FAMILY FOUNDATION, INC.

Current Principal Place of Business:

5200 VINELAND RD STE 200
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

5200 VINELAND RD STE 200
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 20-4670236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIWARI, RANA
5200 VINELAND RD STE 200
ORLANDO, FL 32811 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: D () Delete
Name: AGGARWAL, BRAHAM R
Address: 5200 VINELAND ROAD, STE 200
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: GUPTA, SURESH K
Address: 9030 SOUTHERN BREEZ DR
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: AGGARWAL, AVANISH M
Address: 848 SOUTHERN BREEZ DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: DESHPANDE, ANIL
Address: 8839 SOUTHERN BREEZ DRIVE
City-St-Zip: ORLANDO, FL 32836

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:

I hereby certify that the information supplied with this filing does not qualify 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: BRAHAM AGGARWAL

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date