

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005790

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: ATLANTIC INDIA ASSOCIATION CORP.

## Current Principal Place of Business:

ATLANTIC INDIA ASSOCIATION  
P.O. BOX 9628  
PORT ST. LUCIE, FL 34985 US

## Current Mailing Address:

ATLANTIC INDIA ASSOCIATION  
P.O. BOX 9628  
PORT ST. LUCIE, FL 34985 US

## New Principal Place of Business:

ATLANTIC INDIA ASSOCIATION  
1170 SW MIRROR LAKE COVE  
PORT ST. LUCIE, FL 34986 US

## New Mailing Address:

FEI Number: 65-0016332      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NAGARSHETH, BHARAT J  
542 NW EMBER WAY  
JENSEN BEACH, FL 34957 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: P ( ) Delete  
Name: BHATT, GAURANGE  
Address: ATLANTIC INDIA ASSOCIATION P.O. BOX 9628  
City-St-Zip: PORT. ST. LUCIE, FL 34985 US

Title: VP ( ) Delete  
Name: PATHAK, NIRANJAN  
Address: ATLANTIC INDIA ASSOCIATION P.O. BOX 9628  
City-St-Zip: PORT. ST. LUCIE, FL 34985 US

Title: SEC ( ) Delete  
Name: ALLA, SREENIVASA  
Address: ATLANTIC INDIA ASSOCIATION P.O. BOX 9628  
City-St-Zip: PORT. ST. LUCIE, FL 34985 US

Title: TRE ( ) Delete  
Name: DESAI, ANJANA  
Address: ATLANTIC INDIA ASSOCIATION P.O. BOX 9628  
City-St-Zip: PORT. ST. LUCIE, FL 34985 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BHATT, GAURANG  
Address: ATLANTIC INDIA ASSOCIATION P.O. BOX 9628  
City-St-Zip: PORT. ST. LUCIE, FL 34985 US

Title: VP (X) Change ( ) Addition  
Name: PATEL, RAJEN  
Address: ATLANTIC INDIA ASSOCIATION P.O. BOX 9628  
City-St-Zip: PORT. ST. LUCIE, FL 34985 US

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: ANJANA DESAI

TRE

01/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date