

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006542

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: SAHARA OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

10290 NE 2ND AVE  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

10290 NE 2ND AVE  
MIAMI SHORES, FL 33138

**New Mailing Address:**

FEI Number: 41-2254856

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NIRMAL, BHAVANI  
6555 NW 36TH STREET  
SUITE 302  
VIRGINIA GARDENS, FL 331666975 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/P ( ) Delete  
Name: JAGADISH, SHASHI  
Address: 10290 NE 2ND AVE  
City-St-Zip: MIAMI SHORES, FL 33138

Title: DVP ( ) Delete  
Name: SHAKIR, SHAHIDA  
Address: 10290 NE 2ND AVE  
City-St-Zip: MIAMI SHORES, FL 33138

Title: D/T ( ) Delete  
Name: SUBRAHMANIAN, LAKSHMI  
Address: 10290 NE 2ND AVE  
City-St-Zip: MIAMI SHORES, FL 33138

Title: D/S ( ) Delete  
Name: PRAKASAM, VIDYA  
Address: 10290 NE 2ND AVE  
City-St-Zip: MIAMI SHORES, FL 33138

Title: D/S ( ) Delete  
Name: KULKARNI, SHVETA  
Address: 10290 NE 2ND AVE  
City-St-Zip: MIAMI SHORES, FL 33138

**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:

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: LAKSHMI SUBRAHMANIAN

D/T

03/17/2009

Electronic Signature of Signing Officer or Director

Date