2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009193

FILED Jan 14, 2008 Secretary of State

Entity Name: STUDENT RESEARCH SOCIETY OF LUBLIN, INC.

Current Principal Place of Business: New Principal Place of Business: 5649 49TH ST. NORTH ST. PETERSBURG, FL 33709 **Current Mailing Address: New Mailing Address:** 5649 49TH ST. NORTH ST. PETERSBURG, FL 33709 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATEL, HARISH MD 5649 49TH ST. NORTH ST. PETERSBURG, FL 33709 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PTS () Change () Addition () Delete PATEL, HARISH MD Name: Name: 5649 49TH ST. NORTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33709 City-St-Zip: Title: () Delete Title: () Change () Addition PATEL, PRITESH Name: Name: Address: 5649 49TH ST. NORTH Address: City-St-Zip: ST. PETERSBURG, FL 33709 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition PATEL, VISHAL Name: Name: Address: 5649 49TH ST. NORTH Address: City-St-Zip: ST. PETERSBURG, FL 33709 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: PATEL, KEYUR Name: 5649 49TH ST. NORTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33709 City-St-Zip: Title: EXS () Delete Title: () Change () Addition SOHI, GURPREET Name: Name: 5649 49TH ST. NORTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33709 City-St-Zip: Title: () Delete Title: () Change () Addition MIHOVICH, TERRY Name: Name: Address: 5649 49TH ST. NORTH Address: ST. PETERSBURG, FL 33709 City-St-Zip: 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: HARISH J. PATEL PTS 01/14/2008