

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:

5649 49TH ST. NORTH
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

5649 49TH ST. NORTH
ST. PETERSBURG, FL 33709

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, HARISH MD
5649 49TH ST. NORTH
ST. PETERSBURG, FL 33709 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: PTS () Delete
Name: PATEL, HARISH MD
Address: 5649 49TH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

Title: VP () Delete
Name: PATEL, PRITESH
Address: 5649 49TH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

Title: VP () Delete
Name: PATEL, VISHAL
Address: 5649 49TH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

Title: VP () Delete
Name: PATEL, KEYUR
Address: 5649 49TH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

Title: EXS () Delete
Name: SOHI, GURPREET
Address: 5649 49TH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

Title: VP () Delete
Name: MIHOVICH, TERRY
Address: 5649 49TH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

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
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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: HARISH J. PATEL

Electronic Signature of Signing Officer or Director

PTS

01/14/2008

Date