

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000488

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** SHREE MARIAMAN TEMPLE & CULTURAL CENTER OF FLORIDA, INC.

**Current Principal Place of Business:**

6949 WEST MOHAWK AVE  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

6949 WEST MOHAWK AVE  
TAMPA, FL 33634

**New Mailing Address:**

11006 RUNNING PINE DR  
RIVERVIEW, FL 33569

**FEI Number:** 26-1767761

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHOOYICK, ALVIN  
11006 RUNNING PINE DR  
RIVERVIEW, FL 33569 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: PT ( ) Delete  
Name: CHOOYICK, ALVIN  
Address: 11006 RUNNING PINE DR  
City-St-Zip: RIVERVIEW, FL 33569

Title: ST ( ) Delete  
Name: CHOOYICK, MELISSA  
Address: 11006 RUNNING PINE DR  
City-St-Zip: RIVERVIEW, FL 33569

Title: TD ( ) Delete  
Name: SHIVLOCHAND, ROHIT  
Address: 6949 WEST MOHAWK AVE  
City-St-Zip: TAMPA, FL 33634

**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:

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: ALVIN CHOOYICK

PT

03/19/2009

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

\_\_\_\_\_  
Date