

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005680

FILED
Jun 17, 2009
Secretary of State

Entity Name: ABHIRUCHI TAMPABAY INC.

Current Principal Place of Business:

9001 QUAILCREEK DR.
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

9001 QUAILCREEK DR.
TAMPA, FL 33647

New Mailing Address:

FEI Number: 80-0218772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DESHPANDE, NILIMA
9001 QUAILCREEK DR.
TAMPA, FL 33647 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 () Delete
Name: DESHPANDE, NILIMA
Address: 9001 QUAILCREEK DR.
City-St-Zip: TAMPA, FL 33647

Title: AD () Delete
Name: NAIK, MANJUSHA
Address: 7317 COLONIAL LAKE DR.
City-St-Zip: RIVERVIEW, FL 33578

Title: TD () Delete
Name: ALANDIKAR, NEELIMA
Address: 9111 127TH ST.
City-St-Zip: SEMINOLE, FL 33776

Title: SD () Delete
Name: VIRKUD, MADHUKAR
Address: 5701, 1ST AVE. N.
City-St-Zip: ST. PETERSBURG, FL

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:

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: NILIMA DESHPANDE

D

06/17/2009

Electronic Signature of Signing Officer or Director

_____ Date