

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09066

FILED
Jul 01, 2004
Secretary of State**Entity Name:** INDIA FINE ARTS SOCIETY, INC.**Current Principal Place of Business:**C/O DR. R. IYENGAR
10000 W. BROADVIEW DR
BAY HARBOR ISLS, FL 33154 US**New Principal Place of Business:****Current Mailing Address:**C/O DR. R. IYENGAR
10000 W. BRODVIEW DR
BAY HARBOR ISLS, FL 33154 US**New Mailing Address:****FEI Number:** 65-0168758**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**IYENGAR, RAMANUJA
10000 WEST BROADVIEW DRIVE
BAY HARBOR ISLAND, FL 33154**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: IYENGAR, RAMANUJA,
Address: 10000 W. BROADVIEW DR.
City-St-Zip: GAY HARBOR ISLE, FL 33154

Title: PD () Delete
Name: AAJI, ANU
Address: 8530 DUNDEE TERR
City-St-Zip: MIAMI LAKES, FL 33016

Title: SD () Delete
Name: NARASIMHAN, RAMARATHNAM
Address: 12421 SW 104TH TERR
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: NARASIMHAN, YANGCHEN
Address: 12421 SW 104TH TERR.
City-St-Zip: MIAMI, 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 for the exemption stated in Section 119.07(3)(i), 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: RAMANUJA IYENGAR

DR

07/01/2004

Electronic Signature of Signing Officer or Director

Date