


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N36077**  
 1. Entity Name  
**SHRI LAKSHMI NARAYAN MANDIR, INC.**



Principal Place of Business      Mailing Address  
**251 KLONDIKE AVE.**      **1557 EAST SPRINGRIDGE CR**  
**ORLANDO, FL 32811 US**      **WINTER GARDEN, FL 34787 US**

**DO NOT WRITE IN THIS SPACE**



03032005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
**11-2709079**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PANDIT JADONATH**  
**1557 EAST SPRINGRIDGE CR**  
**WINTER GARDEN, FL 34787**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERTAB, RAMPERSAUD 5206 SHAKAR CR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VEDICA, RAMKARRAN 5206 SHAKAR CIRCLE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JADONATH, CHURAMAN 5334 AVENEDO DEL SOL ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JADONATH, YADO 1557 E. SPRINGRIDGE CIR WINTER GARDEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGH, CHARAN 6323 FORTUNE LN APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANDIT, JADONATH 191 BEACH 101 ST FAR ROCKAWAY, NY 11694

1100000280773  
 03/30/05-80034-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jado Jadonath      **YADO JADONATH**      3/17/05      407 654-0826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #