

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N41435	
1. Entity Name GEETA BHAWAN, INC.	
Principal Place of Business 3905 HALL OAK CT VALRICO, AL 35594-8458	Mailing Address 3905 HALL OAK CT VALRICO, AL 35594-8458



04062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3042443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PADGHAM, DHIRAJLAL T
3905 HALL OAK CT
VALRICO, FL 33594-8458**

**DO NOT WRITE
IN THIS SPACE**

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 **DHIRAJLAL T. PADGHAM** *Spadgham* **4-7-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BAKRANIA, MAGAN**
STREET ADDRESS **320 OAKFIELD DR STE A**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **D**
NAME **PADGHAM, DHIRAJ LAL**
STREET ADDRESS **3905 HALLOAK CT**
CITY-ST-ZIP **VALRICO, FL 335948458**

TITLE **D**
NAME **PATEL, MOHAN BHAI**
STREET ADDRESS **4530 E COLUMBUS DR**
CITY-ST-ZIP **TAMPA, FL 33605**

TITLE **D**
NAME **PUSHPA, NIRMAL**
STREET ADDRESS **122 S MOON AVE**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **D**
NAME **BOKRANIA, REKA**
STREET ADDRESS **125 S MOON AVE**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **DHIRAJLAL T. PADGHAM** *Spadgham* **4-7-08** **8136549232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #