

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

DOCUMENT # N92000000377

1. Entity Name

ARYAMETTEYO TEMPLE, INC.



01-31-2005 90188 001 ****61.25
01-31-2005 90188 002 *****8.75

Principal Place of Business
ARYAMETTEYO TEMPLE INC
11835 47TH RD N.
WEST PALM BEACH FL 33411
US

Mailing Address
ARYAMETTEYO TEMPLE INC
11835 47TH RD N.
WEST PALM BEACH FL 33411
US

DDUUUUUU



1st MOORE CR2E037 (10/04)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

4. FEI Number
65-0409128

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARYA, ANGEL
11835 47TH ROAD NORTH
WEST PALM BEACH FL 33411

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ARYA, ANGEL	
STREET ADDRESS	11835 47TH ROAD NORTH	
CITY-ST-ZIP	W. PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAVANNOKEO, VORASANE	
STREET ADDRESS	11835 47TH RD. N.	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARYA, ANDY	
STREET ADDRESS	11835 47TH ROAD NORTH	
CITY-ST-ZIP	W. PALM BEACH FL 33411	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARYA, THATSAPHONE	
STREET ADDRESS	3736 HIGH VISTA SR APT 3614	
CITY-ST-ZIP	DALLAS TX 75244	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARYA, ANGEL MRS.	
STREET ADDRESS	11835 47TH RD N	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	T	<input type="checkbox"/> Delete
NAME	VORASANE, SAVANNOKED	
STREET ADDRESS	11835 47TH RD N	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARYA ANGEL	
STREET ADDRESS	11835 47TH RD NORTH	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVANNOKEO, VORASANE	
STREET ADDRESS	11835 47TH RD N	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDY ARYA	
STREET ADDRESS	11835 47TH RD NORTH	
CITY-ST-ZIP	W. PALM BEACH FL 33411	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARYA, THATSAPHONE	
STREET ADDRESS	3736 HIGH VISTA DR APT 3614	
CITY-ST-ZIP	DALLAS TX 75244	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARYA ANGEL MRS.	
STREET ADDRESS	11835 47TH RD N	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VORASANE, SAVANNOKED	
STREET ADDRESS	11835 47TH RD N	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Angel Arya

01-25-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #