

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 19, 2004
Secretary of State**

DOCUMENT# N93000004804

Entity Name: NAVJIVAN, INC.

Current Principal Place of Business:

C/O CREATIVE CHOICE HOMES
4243-D NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

C/O CREATIVE CHOICE HOMES
4243-D NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 65-0492438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAROT, DILIP
4243 NORTHLAKE BLVD STE-D
PALM BCH GDNS, FL 33410 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: PD () Delete
Name: BAROT, DILIP
Address: 4243 D NORTHLAKE BLVD
City-St-Zip: WEST PALM BEACH, FL 33410

Title: SD () Delete
Name: BAROT, NAIMISHA
Address: 4243 D NORTHLAKE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33410

Title: D () Delete
Name: PANDYA, DINESH
Address: 8901 DANIA DR
City-St-Zip: PALM BCH GDNS, FL 33410

Title: T () Delete
Name: PATHAK, NIRANJAN
Address: 4243 NORTHLAKE BLVD STE D
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: PARIKH, KANU
Address: 4243 NORTHLAKE BLVD STE D
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

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: DILIP BAROT

P

02/19/2004

Electronic Signature of Signing Officer or Director

_____ Date