


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000000519</b> 1. Entity Name POORNIMA AND AVINASH CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 3131 S RIDGEWOOD AVENUE OFFICE SOUTH DAYTONA, FL 32119 US	Mailing Address 3131 S RIDGEWOOD AVENUE OFFICE SOUTH DAYTONA, FL 32119 US
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01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3223455	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  POLINGER, GLORIA C/O AVINASH GUPTA 3131 S RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119
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<b>DO NOT WRITE IN THIS SPACE</b>
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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	PD GUPTA, AVINASH 3131 S RIDGEWOOD AVE SOUTH DAYTONA, FL 32119
TITLE NAME STREET ADDRESS CITY ST ZIP	D GUPTA, AVINASH 3131 S RIDGEWOOD AVE SOUTH DAYTONA, FL 32119
TITLE NAME STREET ADDRESS CITY ST ZIP	STD SHARMA, MANJU 132-05 AVERY AVE FLUSHING, NY 11355
TITLE NAME STREET ADDRESS CITY ST ZIP	VP POORNIMA, GUPTA 3131 S. RIDGEWOOD AVE S. DAYTONA, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D POLINGER, GLORIA 3131 S. RIDGEWOOD AVE #101 S. DAYTONA, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D RASHMIN, MEHTA 136-25 37 AVE FLUSHING, NY

U000000211837 02/03/05-80002-009 61.25  <b>DO NOT WRITE IN THIS SPACE</b>
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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:**

*P Gupta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 1 '05*  
Date

Daytime Phone #