

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001734

FILED
Mar 28, 2005
Secretary of State

Entity Name: GAYATRI PARIWAR YUGNIRMAN FLORIDA, INC.

Current Principal Place of Business:

11610 SHERIDAN STREET
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

11610 SHERIDAN STREET
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-0397694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAH, MAYUR
11610 SHERIDAN STREET
PEMBROKE PINES, FL 33026 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: D () Delete
Name: SHAH, MAYUR H
Address: 11610 SHERIDAN STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: SHAH, KHAGESH M
Address: 1763 NW 166 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: ACHARYA, NAVIN
Address: 7841 SW 157TH COURT
City-St-Zip: MIAMI, FL 33193

Title: D () Delete
Name: PATEL, JAY SHREE
Address: 4557 NW 16TH TERR
City-St-Zip: FT LAUDERDALE, FL 33309

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:

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: MAYURSHAH

D

03/28/2005

Electronic Signature of Signing Officer or Director

Date