

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90033 016 ****61.25

40005705



01122006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3329986

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OMAR, ABDOOL W
6238 KAIETEUR LANE
ORLANDO, FL 32808

7. Name and Address of New Registered Agent

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 *Abdool W Omar*

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, 2006

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GOPAL, BOWANI	
STREET ADDRESS	1439 PINE HILLS ROAD	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	ABDOOL W. OMAR	<input type="checkbox"/> Delete
NAME	6238 KAIETEUR LANE	
STREET ADDRESS	ORLANDO FL 32808	
CITY-ST-ZIP		
TITLE	PULWANTI ALLY	<input type="checkbox"/> Delete
NAME	6220 KAIETEUR LANE	
STREET ADDRESS	ORLANDO FL 32808	
CITY-ST-ZIP		
TITLE	MICHAEL PARTAL	<input type="checkbox"/> Delete
NAME	6203 KAIETEUR LANE	
STREET ADDRESS	ORLANDO FL 32808	
CITY-ST-ZIP		
TITLE	THERMILUS HYROLANCE	<input type="checkbox"/> Delete
NAME	6203 KAIETEUR LANE	
STREET ADDRESS	ORLANDO FL 32808	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VOICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	OFFICE BARBAR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	OFFICE BARBAR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Abdool W Omar* *ABDOOL W OMAR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-06

Date

Daytime Phone #