

FILED

May 01, 2006 08:00 AM
Secretary of State**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N96000003665 1. Entity Name GANDHI REMEMBERED, INC.			
Principal Place of Business 3450 SW THIRD AVE MIAMI, FL 33145-3914 US		Mailing Address 3450 SW THIRD AVE MIAMI, FL 33145-3914 US	
DO NOT WRITE IN THIS SPACE			
04272006 No Chg-NP CRZE037 (11/05)			
4. FEI Number 65-0676320		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MODY, SURESH C 3450 S.W. 3RD AVENUE MIAMI, FL 33145		DO NOT WRITE IN THIS SPACE	
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)			
Filing Fee is \$51.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		UD00000549281 05/13/06-80016-003 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MODY, SURESH C 3450 S.W. 3RD AVENUE MIAMI, FL 33145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MODY, RAMESH C 3450 S.W. 3RD AVENUE MIAMI, FL 33145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MODY, RENU N 3450 S.W. 3RD AVENUE MIAMI, FL 33145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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 817, 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: <i>Suresh Mody</i>		Date: 4/23/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			