

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90022 034 ****61.25

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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**

40010141



01232008 No Chg-NP CR2E037 (4/06)

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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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Suresh C. Mody

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08

Date

Daytime Phone #