

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004384

FILED
Feb 28, 2007
Secretary of State

Entity Name: MAHESHWAR CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

2370 TREETOP CT
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

4107 SPARROW HAWK RD
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 59-3405967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPOOR, SHEILA S
4107 SPARROW HAWK RD
MELBOURNE, FL 32934 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: KAPOOR, K DEEPAK
Address: 4107 SPARROW HAWK RD
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: KAPOOR, SHEILA S
Address: 4107 SPARROW HAWK RD
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: SAINI, DALJIT S
Address: 2370 TREETOP CT
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: M.C. AGGARWAL, M.D.
Address: 2442 N FOUND HARBOR DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: KUSHNER, HAROLD MD
Address: 2910 RIVER POINT DR
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D () Delete
Name: KASHKARI, SHEILA MD
Address: 1358 RERKSHIRE RD
City-St-Zip: STOW, OH 44224

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:

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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 Chapter 119, 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: K. DEEPAK KAPOOR

D

02/28/2007

Electronic Signature of Signing Officer or Director

Date