

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005589

FILED
Mar 15, 2005
Secretary of State

Entity Name: RAMA KRISHNA HINDU ORGANIZATION FLORIDA, INC.

Current Principal Place of Business:

9906 NW 41ST STREET
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

9906 NW 41ST STREET
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-0797921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOPAUL, BALLIRAM
9906 NW 41 STREET
SUNRISE, FL 33351 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: PD () Delete
Name: DASS, KENNETH
Address: 8110 NW 20 COURT
City-St-Zip: SUNRISE, FL 33323

Title: SD () Delete
Name: JARMOONE, MAHARAT E
Address: 11321 NW 32RD PL
City-St-Zip: SUNRISE, FL 33323

Title: V () Delete
Name: BEHARRYLAN, BHAGWANDEEN
Address: 6271 NW 16 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: T () Delete
Name: BALLIRAM, GOPAUL
Address: 9906 N W 41 STREET
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BEHARRYLAN, BHAGWANDEEN
Address: 6271 NW 16 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33323

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: BALLIRAM GOPAUL

TREA

03/15/2005

Electronic Signature of Signing Officer or Director

Date