

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006192

FILED
Mar 03, 2009
Secretary of State

Entity Name: C.M. AMIN FOUNDATION, INC.

Current Principal Place of Business:

1802 NOTTINGHAM LANE
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

1802 NOTTINGHAM LANE
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-3475679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET
CLEARWATER, FL 33756 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: DR () Delete
Name: AMIN, MAHESH
Address: 1802 NOTTINGHAM LANE
City-St-Zip: CLEARWATER, FL 33764

Title: MS () Delete
Name: AMIN, VANLILA
Address: 1802 NOTTINGHAM LANE
City-St-Zip: CLEARWATER, FL 33764

Title: DR () Delete
Name: PATEL, ANJNI
Address: 1802 NOTTINGHAM LANE
City-St-Zip: CLEARWATER, FL 33764

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:

I hereby certify that the information supplied with this filing does not qualify 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: MAHESH AMIN

DR

03/03/2009

Electronic Signature of Signing Officer or Director

Date