

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90228 026 ****61.25

DOCUMENT # N97000006315

1. Entity Name

GAYATRI MISSION USA, INC.



Principal Place of Business

8405 NW 29 ST
MIAMI FL 33122

Mailing Address

8405 NW 29 ST
MIAMI FL 33122

2. Principal Place of Business

3. Mailing Address

PO BOX 228234

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DORAL

Zip

Country

Zip

Country

33122

USA

4. FEI Number

65-0793122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGH, RAM K
8405 NW 29 ST
MIAMI FL 33122

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SINGH, RAM K	
STREET ADDRESS	8405 NW 29 ST	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	V	<input type="checkbox"/> Delete
NAME	AGARWAL, RAM P	
STREET ADDRESS	8220 S.W. 133 ST.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	S	<input type="checkbox"/> Delete
NAME	LINHART, RICHARD V	
STREET ADDRESS	12882 SW 50 ST	
CITY-ST-ZIP	HOLLYWOOD FL 33027	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHARMA, ARUN	
STREET ADDRESS	6651 CUSTER ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SING, R K	
STREET ADDRESS	8405 NW 29 ST	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AGARWAL, R	
STREET ADDRESS	8220 SW 133 ST	
CITY-ST-ZIP	MIAMI FL 33156	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAM KUMAR SINGH (ADDRESS)	
STREET ADDRESS	PO BOX 228234	
CITY-ST-ZIP	DORAL FL 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD V. LINHART (ADDRESS)	
STREET ADDRESS	PO BOX 228234	
CITY-ST-ZIP	DORAL 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAM KUMAR SINGH (ADDRESS)	
STREET ADDRESS	PO BOX 228234	
CITY-ST-ZIP	DORAL FL 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAM KUMAR SINGH 4-20-05

305-632-6777

Date

Daytime Phone #