


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

FILED
Feb 09, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N97000006383 |  |
| 1. Entity Name SHRI CHAKRADHAR GEETA SAMAAJ INC. | |

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| Principal Place of Business 3685 BIG PINE ROAD MELBOURNE FL 32934 | Mailing Address 3685 BIG PINE ROAD MELBOURNE FL 32934 |
|--|--|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-------------------------|-------------------------|
| City & State | City & State |
|-------------------------|-------------------------|

| | | | |
|------------|----------------|------------|----------------|
| Zip | Country | Zip | Country |
|------------|----------------|------------|----------------|



1st MOORE CR2E037 (10/04)

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| 6. Name and Address of Current Registered Agent |
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| MISHRA, ARUN 4525 CANARD ROAD MELBOURNE FL 32934 |
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|------------------------------------|---|
| 4. FEI Number 59-3480620 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 7. Name and Address of New Registered Agent |
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|--|
| 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. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|------------------------------------|--|

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| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
|-----------------------------------|--|

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|--|--------------------------|---|---------------------------------|-------------|------------------|--|-----------------------|--------------------|--|--------------------|--------------------------|--|--|--------------|--|---|-------------|--|--|-----------------------|--|--|--------------------|--|--|
| <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VYAS, SHARAD DR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1802 PINE STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MELBOURNE FL 32951</td> <td></td> </tr> </table> | TITLE | D | <input type="checkbox"/> Delete | NAME | VYAS, SHARAD DR | | STREET ADDRESS | 1802 PINE STREET | | CITY-ST-ZIP | MELBOURNE FL 32951 | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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| <table border="1"> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LONGANI, HANSRAJ</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>520 SANDERLING DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>INDIATLANTIC FL 32903</td> <td></td> </tr> </table> | TITLE | VP | <input type="checkbox"/> Delete | NAME | LONGANI, HANSRAJ | | STREET ADDRESS | 520 SANDERLING DR | | CITY-ST-ZIP | INDIATLANTIC FL 32903 | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gopal Krishna Saxena **GOPAL KRISHNA SAXENA** 2/5/05 (772) 473-7325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #