

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002516

FILED
Feb 21, 2005
Secretary of State

Entity Name: TELUGU ASSOCIATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

15726 SW 17 ST
DAVIE, FL 33326

New Principal Place of Business:

Current Mailing Address:

15726 SW 17 ST
DAVIE, FL 33326

New Mailing Address:

FEI Number: 65-0831624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALJDHINDI, SANTI
15726 SW 17 ST.
DAVIE, FL 33326 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: P () Delete
Name: KRISHNA, REDDY R
Address: 757 US HWY 1
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP () Delete
Name: SARITA, POLINENI
Address: 3729 MOON BAY CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: TR () Delete
Name: BHUSHAN, VEERAPANENI
Address: 14239 NW 18 MANOR
City-St-Zip: PEMBROKE PINES, FL 33028

Title: T () Delete
Name: KALIDINDI, RAJU
Address: 15726 SW 17 ST
City-St-Zip: DAVIE, FL 33326

Title: T () Delete
Name: YALAMANCHI, ROSE
Address: 5232 LEITNER DR
City-St-Zip: POMPANO BEACH, FL 33067

Title: T () Delete
Name: PRASAD, U.S.
Address: 121 PUFFIN CT
City-St-Zip: WEST PALM BEACH, FL 33411

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:

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 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: BHUSHAN VEERAPANENI

TR

02/21/2005

Electronic Signature of Signing Officer or Director

Date