


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90168 032 \*\*\*\*61.25

<b>DOCUMENT # N98000003245</b> 1. Entity Name <b>ASSOCIATION OF PERFORMING ARTS OF INDIA, INC.</b>					
Principal Place of Business <b>10831 N.W. 17 COURT HOLLYWOOD, FL 33026</b>			Mailing Address <b>10831 N.W. 17 COURT HOLLYWOOD, FL 33026</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>31-1613301</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LEITMAN, LORN 7700 NORTH KENDALL DRIVE SUITE 405 MIAMI, FL 33156</b>			Name <b>Lorn Leitman</b> Street Address (P.O. Box Number is Not Acceptable) <b>8660 W. Flagler Street, Suite 200</b> City <b>miami</b>		
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.			Applied For <input type="checkbox"/> Not Applicable		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME	<b>CHOKSHI, DEENBANDHU S</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>10831 NW 17TH CT</b>		NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33026</b>		STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BRYANT, BRENDA</b>		STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	<b>8020 COLONY CIRCLE NORTH, #3-310</b>		CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	T	<input checked="" type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROMINGER, COLLEEN</b>		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>649 NW 21ST STREET</b>		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33311</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARGULIS, STEVE</b>		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>841 SW 72ND ST</b>		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<b>PLANTATION, FL 33317</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BAKHAI, KASHYAP</b>		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>2680 EDGEWATER COURT</b>		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<b>WESTON, FL 33332</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VP	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LESHAM, MIRON</b>		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>8018 MIZNER LN</b>		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>		12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.		



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**31-1613301**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**LEITMAN, LORN  
7700 NORTH KENDALL DRIVE  
SUITE 405  
MIAMI, FL 33156**

## 7. Name and Address of New Registered Agent

Name  
**Lorn Leitman**  
Street Address (P.O. Box Number is Not Acceptable)  
**8660 W. Flagler Street, Suite 200**  
City  
**miami**  
FL Zip Code  
**33144**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	<b>CHOKSHI, DEENBANDHU S</b>	
STREET ADDRESS	<b>10831 NW 17TH CT</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33026</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BRYANT, BRENDA</b>	
STREET ADDRESS	<b>8020 COLONY CIRCLE NORTH, #3-310</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>ROMINGER, COLLEEN</b>	
STREET ADDRESS	<b>649 NW 21ST STREET</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33311</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MARGULIS, STEVE</b>	
STREET ADDRESS	<b>841 SW 72ND ST</b>	
CITY-ST-ZIP	<b>PLANTATION, FL 33317</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BAKHAI, KASHYAP</b>	
STREET ADDRESS	<b>2680 EDGEWATER COURT</b>	
CITY-ST-ZIP	<b>WESTON, FL 33332</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>LESHAM, MIRON</b>	
STREET ADDRESS	<b>8018 MIZNER LN</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D & T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bryant, Brenda</b>	
STREET ADDRESS	<b>8200 Colony Circle North #3-310,</b>	
CITY-ST-ZIP	<b>Tamarac, FL 33321</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE *Ob Chokshi* Pres 11/9/06