

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90082 032 ****61.25

DOCUMENT # N98000003245 1. Entity Name ASSOCIATION OF PERFORMING ARTS OF INDIA, INC.					
Principal Place of Business 10831 N.W. 17 COURT HOLLYWOOD, FL 33026			Mailing Address 10831 N.W. 17 COURT HOLLYWOOD, FL 33026		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 31-1613301	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEITMAN, LORN 8660 W FLAGLER ST, STE 200 MIAMI, FL 33144				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHOKSHI, DEENBANDHU S <input checked="" type="checkbox"/> Delete 10831 NW 17TH CT PEMBROKE PINES, FL 33026		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition chokshi, deenbandhus. 10831 NW 17th CT Pembroke Pines, FL 33026	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, BRENDA <input type="checkbox"/> Delete 8020 COLONY CIRCLE NORTH, #3-310 TAMARAC, FL 33321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Umarani Eniasivam 1624 NW 85th Drive Coral Springs, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRYANT, BRENDA <input type="checkbox"/> Delete 8200 COLONY CIR N #3-310 TAMARAC, FL 33321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGULIS, STEVE <input type="checkbox"/> Delete 841 SW 72ND ST PLANTATION, FL 33317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKHAI, KASHYAP <input type="checkbox"/> Delete 2680 EDGEWATER COURT WESTON, FL 33332		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LESHAM, MIRON <input type="checkbox"/> Delete 8018 MIZNER LN BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Deenbandhus S. Chokshi</u> 1/28/07 454-885-1466 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					