


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90069 040 \*\*\*\*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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>LEITMAN, LORN 8660 W FLAGLER ST, STE 200 MIAMI, FL 33144</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>UMARANI, ENISIVAM</b> <b>1624 NW 85TH DR</b> <b>POMPANO BEACH, FL 33071</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>umarani Eniasivam</b> <b>1624 NW 85 Dr.</b> <b>coral springs, FL 33071</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRYANT, BRENDA</b> <b>8020 COLONY CIRCLE NORTH, #3-310</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President-Exec. Director</b> <b>Bharti D. Chokshi</b> <b>10831 NW 17 ct</b> <b>Pembroke Pines, FL 33026</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>BRYANT, BRENDA</b> <b>8200 COLONY CIR N #3-310</b> <b>TAMARAC, FL 33321</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>Sridevi Thummalapalli</b> <b>19673 NW 82 Place</b> <b>Hialeah, FL 33015</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARGULIS, STEVE</b> <b>841 SW 72ND ST</b> <b>PLANTATION, FL 33317</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>manju kalidindi D</b> <b>manju kalidindi</b> <b>15726 SW 17 Street</b> <b>Weston, FL 33326</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAKHAI, KASHYAP</b> <b>2680 EDGEWATER COURT</b> <b>WESTON, FL 33332</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Deenbandhu S. Chokshi</b> <b>10831 NW 17 ct</b> <b>Pembroke Pines, FL 33026</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LESHAM, MIRON</b> <b>8018 MIZNER LN</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete	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.					
<b>SIGNATURE:</b> <u>D.S. CHOKSHI</u>			Jan. 8, 2008 954-885-1466		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		