2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003245

FILED Jan 08, 2009 Secretary of State

Entity Name: ASSOCIATION OF PERFORMING ARTS OF INDIA, INC.

Current Principal Place of Business: New Principal Place of Business: 10831 N.W. 17 COURT HOLLYWOOD, FL 33026 **Current Mailing Address: New Mailing Address:** 10831 N.W. 17 COURT HOLLYWOOD, FL 33026 FEI Number: 31-1613301 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEITMAN, LORN 8660 W FLAGLER ST, STE 200 MIAMI, FL 33144 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete UMARANI, ENISIVAM UMARANI, ENIASIVAM Name: Name: 1624 NW 85TH DR Address: 1624 NW 85TH DR Address: City-St-Zip: CORAL SPRINGS, FL 33071 US City-St-Zip: CORAL SPRINGS, FL 33071 US Title: () Delete Title: (X) Change () Addition BRYANT, BRENDA Name: CHOKSHI, DEENBANDHU S Name: Address: 8020 COLONY CIRCLE NORTH.#3-310 Address: 10831 NW 17TH CT City-St-Zip: TAMARAC, FL 33321 City-St-Zip: PEMBROKE PINES, FL 33026 Title: () Delete Title: () Change () Addition CHOKSHI, BHARTI D Name: Name: 10831 NW 17 CT Address: Address: City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: Title: Title: () Change () Addition () Delete THUMMALAPALLI, SRIDEVI Name: Name: 19673 NW 82 PLACE Address: Address: City-St-Zip: HIALEAH, FL 33015 City-St-Zip: Title: () Delete Title: () Change () Addition BAKHAI, KASHYAP Name: Name: 2680 EDGEWATER COURT Address: Address: City-St-Zip: WESTON, FL 33332 City-St-Zip: Title: () Delete Title: () Change () Addition LESHAM, MIRON Name: Name: Address: 8018 MIZNER LN Address: BOCA RATON, FL 33433 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BHARTI CHOKSHI P 01/08/2009