

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005308

FILED  
Jan 07, 2011  
Secretary of State

Entity Name: JAIN VISHWA BHARATI USA, INC.

**Current Principal Place of Business:**

7819 LILLWILL AVENUE  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

7819 LILLWILL AVENUE  
ORLANDO, FL 32809

**New Mailing Address:**

FEI Number: 59-3563048

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHITALIA, DEVANG  
1519 SUNSET VILLAGE BLVD  
CLERMONT, FL 34711 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: CHM  
Name: SHAH, KAMLESH  
Address: 13605 KIRBY SMITH RD.  
City-St-Zip: ORLANDO, FL 32832

Title: D  
Name: NAGDA, HARSHADA  
Address: 439 S.W. 48TH STREET RD.  
City-St-Zip: OCALA, FL 34474

Title: D  
Name: TOLIA, KISHORE  
Address: 721 BEARCREEK CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S  
Name: CHITALIA, DEVANG  
Address: 1519 SUNSET VILLAGE BLVD  
City-St-Zip: CLERMONT, FL 34711

Title: P  
Name: TOLIA, KISHORE  
Address: 721 BEARCREEK CIRCLE  
City-St-Zip: WINTER SPRING, FL 32708

Title: VP  
Name: DEVENDRA, MEHTA  
Address: 3800 LOWER PARK RD  
City-St-Zip: ORLANDO, FL 32814

I hereby 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 all other like empowered.

SIGNATURE: KAMLESH SHAH

DIRE

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date