

**NON-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000001839**

1. Entity Name  
**HINDU HERITAGE, INC.**



Principal Place of Business  
**253 WINDSOR L  
WEST PALM BEACH, FL 33417**

Mailing Address  
**253 WINDSOR L  
WEST PALM BEACH, FL 33417**

**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0933670**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PARIKH, KANU R  
253 WINDSOR L  
WEST PALM BEACH, FL 33417**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARIKH, KANU 253 WINDSOR L WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT ZAVERI, VIJAY 6520 SW 98TH CT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SHAH, CHAMPAK 905 SAND TREE DRIVE PALM BEACH GARDENS, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARIKH, NILESH 6164 C DURHAM DR LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT PARIKH, MAULISH 603 SOUTH US 1 STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000794556  
01/28/08-80012-019 61.25

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/08

Date

561-689-7578

Daytime Phone #