

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005366

FILED
Apr 21, 2009
Secretary of State

Entity Name: GUJARATI SAMAJ OF SOUTH FLORIDA CORP.

Current Principal Place of Business:

18390 S.W. 232ND STREET
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

18390 S.W. 232ND STREET
MIAMI, FL 33170

New Mailing Address:

FEI Number: 65-0948163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, SUDHIRKUMAR R
18390 SW 232 ST
MIAMI, FL 33170 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: PD () Delete
Name: PATEL, SUDHIRKUMAR R
Address: 18390 S.W. 232ND STREET
City-St-Zip: MIAMI, FL 33170

Title: D () Delete
Name: PATEL, DAYABHAI A
Address: 18390 S.W. 232ND STREET
City-St-Zip: MIAMI, FL 33170

Title: D () Delete
Name: PATEL, NAVNIT
Address: 18390 S.W. 232ND STREET
City-St-Zip: MIAMI, FL 33170

Title: VD () Delete
Name: PATEL, HARESH V
Address: 18390 S.W. 232ND STREET
City-St-Zip: MIAMI, FL 33170

Title: S () Delete
Name: PATEL, DILIP
Address: 18390 S.W. 232ND STREET
City-St-Zip: MIAMI, FL 33170

Title: T () Delete
Name: PATEL, INDRAVADAN C
Address: 18390 S.W. 232ND STREET
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: SUDHIRKUMAR PATEL

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date