

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007054

Entity Name: JAMUNA CENTER, INC.

FILED
Jul 06, 2006
Secretary of State

Current Principal Place of Business:

10900 PARKRIDGE GOTH A ROAD
ORLANDO, FL 34786

New Principal Place of Business:

Current Mailing Address:

514 W. COLUMBIA ST#2
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3638725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NEERA P. KAR
514 W. COLUMBIA ST#2
ORLANDO, FL 32805 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: PSTD () Delete
Name: KAR, NEERA P
Address: 514 W. COLUMBIA ST#2
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: DESAI, BINA V
Address: 9111 PHILLIPS GROVE TERRACE
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: KAR, PRAN M
Address: 8020 FIREMZE BLVD
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: KAR, NEERA P
Address: 514 W. COLUMBIA ST#2
City-St-Zip: ORLANDO, FL 32805

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: NEERA KAR

PSTD

07/06/2006

Electronic Signature of Signing Officer or Director

Date