

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006754

**Entity Name:** CHOYONIKA SHILPI GOSHTHEE, INC.

**Current Principal Place of Business:**

4502 ST. GEORGES CT  
KISSIMMEE, FL 34746

**Current Mailing Address:**

4502 ST. GEORGES CT  
KISSIMMEE, FL 34746

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MOLLAH, ABDUL  
4502 ST. GEORGES CT  
KISSIMMEE, FL 34746 US

*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

**Officer/Director Detail :**

Title P  
Name MOLLAH, ABDUL  
Address 4502 ST. GEROGES CT  
City-State-Zip: KISSIMMEE FL 34746

Title VP  
Name KHODA, MOHAMMAD  
Address 4502 ST. GEORGES CT  
City-State-Zip: KISSIMMEE FL 34746

Title VP  
Name HAI, BABUL  
Address 6701 MERLIN CT  
City-State-Zip: ORLANDO FL 32810

Title VP  
Name AHMED, TAHMINA  
Address 362 ROUTE 9 NORTH # 20  
City-State-Zip: MARLBORO NJ 07726

*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:** BABUL HAI

VP

05/01/2013

Electronic Signature of Signing Officer/Director Detail

Date