

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90080 047 \*\*\*\*61.25

**DOCUMENT # N93000001607**

1. Entity Name  
**OM SHRI ASHRAM, INC.**



Principal Place of Business  
**103 MCDONALD RD.  
PLANT CITY, FL 33567 US**

Mailing Address  
**103 MCDONALD ROAD  
PLANT CITY, FL 33567 US**

400101~



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3188173**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEVPRASAD, DEVSWARUPDAS  
103 MCDONALD ROAD  
PLANT CITY, FL 33567**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THAKAR, JITU	
STREET ADDRESS	35116 32ND ST	
CITY-ST-ZIP	ASTORIA, NY 11106	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKARANIA, KANTI	
STREET ADDRESS	1209 BELLDONNA DRIVE	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, GHANSHYAM M	
STREET ADDRESS	13924 SHADY SHORES DRIVE	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEVSWARUP, DAS	
STREET ADDRESS	103 MCDONALD RD	
CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, PETER	
STREET ADDRESS	3212 LITHIA PINECREST	
CITY-ST-ZIP	VALRICO, FL 33544	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARAD, KUSAM R	
STREET ADDRESS	1040 BS WESTGATE	
CITY-ST-ZIP	ADDISON, IL 60101	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIPA PATEL	
STREET ADDRESS	103 MCDONALD RD.	
CITY-ST-ZIP	PLANT CITY - FL 33567	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*Devprasad*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-07

Date

813-737-5236

Daytime Phone #