

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001607

Entity Name: OM SHRI ASHRAM, INC.**Current Principal Place of Business:**103 MCDONALD RD.
PLANT CITY, FL 33567**Current Mailing Address:**103 MCDONALD RD.
PLANT CITY, FL 33567 US**FEI Number:** 59-3188173**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEVPRASAD, DEVSWARUPDAS
103 MCDONALD ROAD
PLANT CITY, FL 33567 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	D
Name	PATEL, DIPA
Address	103 MCDONALD RD
City-State-Zip:	PLANT CITY FL 33567

Title	D
Name	BAKARANIA, KANTI
Address	1209 BELLDONNA DRIVE
City-State-Zip:	BRANDON FL 33510

Title	D
Name	PATEL, GHANSHYAM M
Address	13924 SHADY SHORES DRIVE
City-State-Zip:	TAMPA FL 33613

Title	D
Name	DEVSWARUP, DAS
Address	103 MCDONALD RD
City-State-Zip:	PLANT CITY FL 33567

Title	D
Name	PATEL, PETER
Address	3212 LITHIA PINECREST
City-State-Zip:	VALRICO FL 33544

Title	D
Name	BARAD, KUSAM R
Address	1040 BS WESTGATE
City-State-Zip:	ADDISON IL 60101

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: DEVSWARUP DAS

D

04/19/2017

Electronic Signature of Signing Officer/Director Detail_____
Date