

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000004402

**Entity Name:** OMKARA SOLUTIONS INC.**Current Principal Place of Business:**5677 GREEN ISLAND BOULEVARD  
LAKE WORTH, FL 33463**Current Mailing Address:**5677 GREEN ISLAND BOULEVARD  
LAKE WORTH, FL 33463 US**FEI Number:** 27-4533084**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOODMAN, ELAINE I  
5677 GREEN ISLAND BOULEVARD  
LAKE WORTH, FL 33463 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	PRES
Name	GOODMAN, ELAINE I
Address	5677 GREEN ISLAND BOULEVARD
City-State-Zip:	LAKE WORTH FL 33463

Title	VP
Name	GOODMAN, ELAINE I
Address	5677 GREEN ISLAND BOULEVARD
City-State-Zip:	LAKE WORTH FL 33463

Title	TREA
Name	GOODMAN, ELAINE I
Address	5677 GREEN ISLAND BOULEVARD
City-State-Zip:	LAKE WORTH FL 33463

Title	SEC
Name	GOODMAN, ELAINE I
Address	5677 GREEN ISLAND BOULEVARD
City-State-Zip:	LAKE WORTH FL 33463

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELAINE GOODMAN AS

PRESIDENT

01/19/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date