

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**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**



03252008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3188173**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 DEVSWARUPDAS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4-15-08

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000913181  
05/08/08-80005-025 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PATEL, DIPAL  
103 MCDONALD RD  
PLANT CITY, FL 33567**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BAKARANIA, KANTI  
1209 BELLDONNA DRIVE  
BRANDON, FL 33510**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PATEL, GHANSHYAM M  
13924 SHADY SHORES DRIVE  
TAMPA, FL 33613**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DEVSWARUP, DAS  
103 MCDONALD RD  
PLANT CITY, FL 33567**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PATEL, PETER  
3212 LITHIA PINECREST  
VALRICO, FL 33544**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BARAD, KUSAM R  
1040 BS WESTGATE  
ADDISON, IL 60101**

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IN THIS SPACE**

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:** DEM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-15-08 Daytime Phone # 513-716-6378