

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90005 014 \*\*\*150.00

0010001J



01092004 Chg-P CR2E034 (10/03)

**DOCUMENT # P03000012404**

1. Entity Name  
**OM SAI RAM, INC.**



Principal Place of Business  
**4201 BRYAN STREET  
GREENWOOD, FL 32443-2425**

Mailing Address  
**4201 BRYAN STREET  
GREENWOOD, FL 32443-2425**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **81-0596582** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHOSKI, JAGDISH K  
4201 BRYAN STREET  
GREENWOOD, FL 32443-2425**

7. Name and Address of New Registered Agent  
Name **CHOSKI, JAGDISH K**  
Street Address (P.O. Box Number is Not Acceptable)  
**4201 BRYAN ST**  
City **GREENWOOD** FL Zip Code **32443-2425**

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 Jagdish K. Choksi  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, KANTIBHAI A 1618 EAST 16TH AVE. CORDELE, GA 31015 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOSKI, JAGDISH K 212 DUFFLE STREET GREENSBORO, FL 32330 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D CHOSKI, JAGDISH K 212 DUFFLE ST GREENSBORO, FL 32330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D PATEL, HARSHAD A. 321 SOUTH MAIN ST. DAWSON, GA 39842 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Jagdish K. Choksi 1/17/04 850-442-6500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #