2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000040142

1. Entity Name
OHM SHREE SANTRAM, INC.

Principal Place of Business
4636 W HIGHWAY 192
UNIT #I
KISSIMMEE, FL 34746

Mailing Address
4636 W HIGHWAY 192
KISSIMMEE, FL 34746

DO NOT WRITE IN THIS SPACE

04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-4247118

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, SANDHYA
4636 W HIGHWAY 192
UNIT #I
KISSIMMEE, FL 34746

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U00000313961
04/18/05-80147-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PATEL, NIMESHKUMAR V
STREET ADDRESS	4636 W HIGHWAY 192 UNIT #I
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	VD
NAME	PATEL, TRUPTI
STREET ADDRESS	4636 W HIGHWAY 192 UNIT #I
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	TD
NAME	PATEL, DIPTI
STREET ADDRESS	4636 W HIGHWAY 192 UNIT #I
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	SD
NAME	PATEL, SANDHYA
STREET ADDRESS	4636 W HIGHWAY 192 UNIT #I
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #