2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

Mar 12, 2004 8:00 am DOCUMENT # P03000040832 **Secretary of State** 1. Entity Name 03-12-2004 90007 010 ***150.00 ASHARAM, INC. Principal Place of Business Mailing Address 3106 CARDINAL BLVD 766 24TH SQAURE 54017341 VERO BEACH FL 32963 VERO BEACH FL 32962 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, ASUTOSH Street Address (P.O. Box Number is Not Acceptable) 3106 CARDINAL BLVD VERO BEACH FL 32963 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. re, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Addition PATEL, ASUTOSH NAME NAME STREET ADDRESS 766 24TH SQUARE STREET ADDRESS VERO BEACH FL 32962 CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change Addition NAME PATEL, CHETANA NAME STREET ADDRESS 766 24TH SQUARE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME PATEL, CHETANA ----NAME STREET ADDRESS STREET ADDRESS 766 24TH SQAURE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32962 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

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