

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000081624

Entity Name: HARI OM MOTELS, INC.

**FILED**  
**Oct 24, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

8220 DIX ELLIS TRAIL  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

8220 DIX ELLIS TRAIL  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

FEI Number: 55-0840858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATEL, NARENDRA  
3262 HERMITAGE RD.  
JACKSONVILLE, FL 32277 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P,D ( ) Delete  
Name: PATEL, NARENDRA  
Address: 3262 HERMITAGE RD.  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP,D (X) Delete  
Name: PATEL, ANIL  
Address: 7880 TURNSTONE CIRCLE W  
City-St-Zip: JACKSONVILLE, FL 32256 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NARENDRA PATEL

P,D

10/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date