
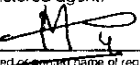
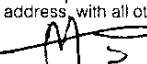


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90003 043 ***150.00

DOCUMENT # P03000123852			
1. Entity Name OHM KRISHNA, INC.			
Principal Place of Business 6196 SABAL POINT CIRCLE PORT ORANGE, FL 32128		Mailing Address 6196 SABAL POINT CIRCLE PORT ORANGE, FL 32128	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2006 Curry Ford Rd	
Suite, Apt. #, etc. 2006 Curry Ford Rd		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando FL	
Zip 32806	Country orange	Zip 32806	Country orange
6. Name and Address of Current Registered Agent PATEL, MAHESH 6196 SABAL POINT CIRCLE PORT ORANGE, FL 32129		7. Name and Address of New Registered Agent Name: Patel Mahesh Street Address (P.O. Box Number is Not Acceptable) 2006 Curry Ford Rd City: Orlando FL Zip Code: 32806	
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:  DATE: 2-26-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS PATEL, MAHESH 6196 SABAL POINT CIRCLE PORT ORANGE, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS Patel Mahesh 2006 Curry Ford Rd Orlando, FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT PATEL, KALPANA M 6196 SABAL POINT CIRCLE PORT ORANGE, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT Patel Kalpana M 2006 Curry Ford Rd Orlando FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		2-26-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40026258



02262007 Chg-P CR2E034 (12/06)

4. FEI Number: 02-0710912 Applied For Not Applicable

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