

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000038843

Entity Name: PARAM SHANTI CORP

FILED  
Mar 25, 2009  
Secretary of State

## Current Principal Place of Business:

1894 THOMASVILLE RD  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

## Current Mailing Address:

1319 AIRPORT DR  
F-5  
TALLAHASSEE, FL 32304

## New Mailing Address:

FEI Number: 20-8730901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHAH, DEVENDRA  
1319 AIRPORT DR  
F-5  
TALLAHASSEE, FL 32304 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHAH, DEVEN  
Address: 1319 AIRPORT DR F-5  
City-St-Zip: TALLAHASSEE, FL 32304

Title: VP ( ) Delete  
Name: BILAL, BAKRI  
Address: 2039 DOOMAR DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: BILAL, MAHA  
Address: 2039 DOOMAR DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: BILAL, SHADI  
Address: 2039 DOOMAR DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: SHAH, TANVI  
Address: 15536 LAKE BELLA VISTA DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MS ( ) Delete  
Name: SHAH, TANVI  
Address: 15536 LAKE BELLAVISTA DR  
City-St-Zip: TAMPA, FL 33625

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DEVEN SHAH

VP

03/25/2009

Electronic Signature of Signing Officer or Director

Date