

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000038843

FILED  
Feb 08, 2010  
Secretary of State

Entity Name: PARAM SHANTI CORP

**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  
Name: SHAH, DEVEN  
Address: 1319 AIRPORT DR F-5  
City-St-Zip: TALLAHASSEE, FL 32304

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DEVEN SHAH

PRES

02/08/2010

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

\_\_\_\_\_  
Date