

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000065410

Entity Name: SHANTI'S OM, INC

FILED
Jan 06, 2012
Secretary of State

Current Principal Place of Business:

2342 NW 184 TERRACE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

2342 NW 184 TERRACE
51
PEMBROKE PINES, FL 33029 UN

Current Mailing Address:

2342 NW 184 TERRACE
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 27-3192755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELEMONT, CLAUDIA
2342 NW 184 TERRACE
PEMBROKE PINES, FL 33029 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
Name: DELEMONT, CLAUDIA
Address: 2342 NW 184 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V
Name: DELEMONT, KARINA
Address: 2342 NW 184 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V
Name: LEON, CLORINDA
Address: 2342 NW 184 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V
Name: LEON, FLOR
Address: 2342 NW 184 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

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: CLAUDIA DELEMONT

P

01/06/2012

Electronic Signature of Signing Officer or Director

Date