## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000091226

Entity Name: KOMALCHARMI INC.

**Current Principal Place of Business:** 

323 B, SOUTH YONGE ST. ORMOND BEACH, FL 32174

**Current Mailing Address:** 

323 B, SOUTH YONGE ST. ORMOND BEACH. FL 32174 US

FEI Number: 47-5543680 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, HETAL 323 B, S YONGE ST. ORMOND BEACH, FL 32174 US

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

FILED Apr 18, 2017

**Secretary of State** 

CC5154783634

Officer/Director Detail:

Title P Title VP

Name PATEL, HETAL Name PATEL, ANKUR

Address 1717 MASON AVE, APT #311 Address 420 LAKEBRIDGE PLAZA DRIVE, APT

1211

City-State-Zip: DAYTONA BEACH FL 32117

City-State-Zip: ORMOND BEACH FL 32174

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: HETAL PATEL PRESI

Electronic Signature of Signing Officer/Director Detail

PRESIDENT 04/18/2017

Date