2008 FOR PROFIT CORPORATION ANNUAL REPORT

03-19-2008 90020 049 ***150 00 **DOCUMENT # P04000032265** LAVISKA USA, INC. 40048876 Principal Place of Business Mailing Address 2900 W SAMPLE ROAD 6902 PALMETTO CIRCLE S. 814 #1303 POMPANO BEACH, FL 33073 BOCA RATON, FL 33433 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2061 NW 2 AVE Suite, Apt. #, etc Suite, Apt. #, etc. 02282008 Chg-P CR2E034 (12/06) STE 108 City & State City & State 4. FEI Number Applied For BOCA RATON FL 34-1981391 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33431 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUXANI, LAL V Street Address (P.O. Box Number is Not Acceptable) 6902 PALMETTO CIRCLE S. 814 BOCA RATON, FL 33433 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS DΡ TITLE ☐ Delete TITLE ☐ Change Addition NAME BUXANI, LAL V NAME STREET ADDRESS 6902 PALMETTO CIRCLE S. #814 STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-7IP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CHUGANI, SURESH NAME STREET ADDRESS 6701 COLLINS AVE STREET ADORESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP THILE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change | Addition NAME NAME STREET ADORESS STREET ADORESS CHY-S1-ZIP CITY-ST-7P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-ZIP

12. I hereby certify that the information supplied with this filling 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.

LOL BUXANI, PRES.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Mar 19, 2008 8:00 am

Secretary of State