## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 10, 2005 08:00 AM Secretary of State **DOCUMENT # 475930** 1. Entity Name LAXMI CORPORATION Mailing Address Principal Place of Business 11400 NW 32 AVE 11400 NW 32 AVE MIAMI, FL 33167 iis MIAMI, FL 33167 US No Chg-P CR2E034 (10/03) 05042005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1699559 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MAGRAM, HOWARD C.P.A. 11410 N KENDALL DR STE 207 IN THIS SPACE MIAMI, FL 33176 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, typod or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 10. OFFICERS AND DIRECTORS PΩ TITLE NAME PATEL, AMBU 11400 NW 32 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33167 U00000365251 05/10/05-80002-014 158.75 SD TITLE NAME PATEL GOVAN STREET ADDRESS 11400 NW 32 AVE CITY-ST-ZIP MIAMI, FL 33167 TVD TITLE PATEL, KIRAN NAME STREET ADDRESS 11400 NW 32 AVE DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33167 IN THIS SPACE TITLE VD PATEL, DIPAK MARIE STREET ADDRESS 11400 NW 32 AVE CITY-\$1-ZIP MIAMI, FL 33167 TITLE VD PATEL ANIL NAME STREET ADDRESS 11400 NW 32 AVE CITY-ST-ZIP MIAMI, FL 33167 TITLE VASD NAME PATEL, VIJAY STREET ADDRESS 11400 NW 32 AVENUE CITY-ST-ZIP MIAMI, FL 331672901 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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305-688-1000

Daytime Phone #