

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90187 018 ***150.00

DOCUMENT # 475930 1. Entity Name LAXMI CORPORATION	
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Principal Place of Business 11400 NW 32 AVE MIAMI, FL 33167 US	Mailing Address 11400 NW 32 AVE MIAMI, FL 33167 US
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40066460



2. Principal Place of Business 11000 NW 92 Terrace	3. Mailing Address 11000 NW 92 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04242006 Chg-P CR2E034 (11/05)

City & State Miami, FL	City & State Miami, FL
Zip 33178-2512	Country USA

4. FEI Number 59-1699559	Applied For ☐ Not Applicable
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6. Name and Address of Current Registered Agent MAGRAM, HOWARD C.P.A. 11410 N KENDALL DR STE 207 MIAMI, FL 33176	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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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 the if applicable. (NOTE: Registered Agent signature required when reappointing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, AMBU 11400 NW 32 AVE MIAMI, FL 33167 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, AMBU 11000 NW 92 TERRACE MIAMI, FL 33178-2512 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATEL, GOVAN 11400 NW 32 AVE MIAMI, FL 33167 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATEL, GOVAN 11000 NW 92 TERRACE MIAMI, FL 33178-2512 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD PATEL, KIRAN 11400 NW 32 AVE MIAMI, FL 33167 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD PATEL, KIRAN 11000 NW 92 TERRACE MIAMI, FL 33178-2512 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, DIPAK 11400 NW 32 AVE MIAMI, FL 33167 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, DIPAK 11000 NW 92 TERRACE MIAMI, FL 33178-2512 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, ANIL 11400 NW 32 AVE MIAMI, FL 33167 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, ANIL 11000 NW 92 TERRACE MIAMI, FL 33178-2512 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD PATEL, VIJAY 11400 NW 32 AVENUE MIAMI, FL 331672901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD PATEL, VIJAY 11000 NW 92 TERRACE MIAMI, FL 33178-2512 ☒ Change ☐ Addition

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

SIGNATURE: <u>Kiran Patel</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	KIRAN PATEL	4-24-06 Date	305-688-1000 Daytime Phone #
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