


01-22-2007 90083 013 \*\*\*\*61.25

<b>DOCUMENT # N06000001346</b>				<b>Secretary of State</b> 01-22-2007 90083 013 ****61.25	
1. Entity Name <b>AKSHAR HOLDING, INC.</b>					
Principal Place of Business <b>1256 SEMINOLE BLVD. LARGO, FL 33770</b>		Mailing Address <b>1903 ORO COURT CLEARWATER, FL 33764</b>			
2. Principal Place of Business - No P.O. Box # <b>1256 SEMINOLE BLVD</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>LARGO, FL</b>		City & State			
Zip <b>33770</b>		Country		Country	
Pinellas					
6. Name and Address of Current Registered Agent <b>PATEL, HASMUKH 1903 ORO COURT CLEARWATER, FL 33764</b>		7. Name and Address of New Registered Agent			
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
		FL		Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PATEL, HASMUKH 1903 ORO COURT CLEARWATER, FL 33764	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all power like empowered.					
SIGNATURE: <i>Hasmukh Patel</i>		Date: <b>1-18-07</b>		Daytime Phone #: <b>727-581-4139</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					