

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90227 024 ***150.00

DOCUMENT # P00000023018	
1. Entity Name	
DHANALAKSHMI INC	

DO NOT WRITE IN THIS SPACE

50003153

2. Principal Place of Business 2751 N. MONROE ST Suite, Apt. #, etc.		3. Mailing Address 275 JOHN KNOX ROAD, U-106 Suite, Apt. #, etc. 1129 SANDLER Ridge Road		4. FEI Number 59-3626855		Applied For <input type="checkbox"/> Not Applicable	
City & State TALLAHASSEE, FL		City & State TALLAHASSEE FL 32317		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 32303	Country	Zip 32303	Country US				

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name JOSHI, JAGADISH	
Street Address (P.O. Box Number is Not Acceptable) 275 JOHN KNOX ROAD, U-106	
City TALLAHASSEE	Zip Code 32303

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) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSHI, JAYSHRI J 275 JOHN KNOX ROAD, U-106 TALLAHASSEE FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

886-385-2977