2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State
07-08-2004 90189 019 ***150.00
07-21-2004 90025 024 ***122.50

54064177

06292004 — Chg-P — CR2E034 (10/03)

DOCUMENT # P01000034226

1. Entity Name
LAKSHMI DISTRIBUTORS INC.

Principal Place of Business	Mailing Address
615 NE 22 STREET #903 MIAMI, FL 33137	615 NE 22 STREET #903 MIAMI, FL 33137

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1092958 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ORTEGA, JOSEPH R 7395 SW 42ND STREET MIAMI, FL 33155	Name Prieto, Yvette Street Address (P.O. Box Number is Not Acceptable) 615 NE 22 St #903 City Miami FL Zip Code 33137

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 _____ 6/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRIETO, LISSETTE C ~~7395 SW 42ND STREET~~ ~~MIAMI, FL 33155~~	☐ Delete	PD Lissette C Prieto 615 NE 22 St #903 miami Fl 33137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ORTEGA, ALINA P 7395 SW 42ND STREET MIAMI, FL 33155	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ORTEGA, JOSE F 7395 SW 42ND STREET MIAMI, FL 33155	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Lissette Prieto 6/30/04 305/305/5993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
540647 7/19/04

H P01000034226

Att: Florida Dep of State

I Lissette Prieto never received any letter in the mail about any payment & had to send. & would like you to please waive the fee. this corp. is new & just switched it over to my name.

Thank
You,
Lissette Prieto