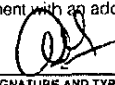


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90425 043 ***150.00

DOCUMENT # P01000042359 1. Entity Name AKSHAR OF SW FLORIDA, INC.					
Principal Place of Business 12555 COLLIER BLVD #3 NAPLES, FL 34116			Mailing Address 3840 CENTRAL AVE #201 FT MYERS, FL 33901		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2419 EAST MALL DR Suite, Apt. #, etc.			
City & State		City & State FT. MYERS FL		4. FEI Number 65-1114739	
Zip 33901		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, ARVIND P 3840 CENTRAL AVENUE FT MYERS, FL 33901			7. Name and Address of New Registered Agent Name ARVIND PATEL Street Address (P.O. Box Number is Not Acceptable) 6506 PLANTATION PRESERVE CIRCLE #201 City FT. MYERS FL Zip Code 33912		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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	P PATEL, ARVINDKUMAR P 3840 CENTRAL AVE FT MYERS, FL 33901	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	65 	☒ Change ☐ Addition VE CIRCLE #201 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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: X 			24-28-05 239-340-8981		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		