

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022921

FILED  
Jan 05, 2004  
Secretary of State

Entity Name: SHRI LAKSHMI CORPORATION

## Current Principal Place of Business:

606 NORTH PONCE DE LEON BOULEVARD  
ST. AUGUSTINE, FL 32084

## New Principal Place of Business:

## Current Mailing Address:

606 NORTH PONCE DE LEON BOULEVARD  
ST. AUGUSTINE, FL 32084

## New Mailing Address:

FEI Number: 03-0406390

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRYAN, LINDA LOGAN  
97 ORANGE STREET  
ST. AUGUSTINE, FL 32084 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: EHTA, ASHISH  
Address: 606 NORTH PONCE DE LEON BOULEVARD  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VSTD ( ) Delete  
Name: MEHTA, SANGITA  
Address: 606 NORTH PONCE DE LEON BOULEVARD  
City-St-Zip: ST. AUGUSTINE, FL 32084

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MEHTA, ASHISH  
Address: 606 NORTH PONCE DE LEON BOULEVARD  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASHISH D. MEHTA

PD

01/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date