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Secretary of State

06-13-2005 90002 023 ***158.75
07-07-2005 90001 003 ***391.25

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000051624

1. Entity Name
SHREE MAA LAXMI, INC.

Principal Place of Business	Mailing Address
601 NORTH PARROTT AVENUE OKEECHOBEE, FL 34972	1212 STATE RD 70E OKEECHOBEE, FL 34972

06082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
862 SE 25th Street		862 SE 25th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Okeechobee, FL		City & State: Okeechobee, FL	
Zip: 34974-3210	Country: Okeechobee	Zip: 34974-3210	Country: Okeechobee

4. FEI Number: APPLIED FOR 59-3809920 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CAMERON, COLIN M
200 N.E. 4TH AVENUE
OKEECHOBEE, FL 34972

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
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

FILE NOW!!! FEE IS $150.00 Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PD NAME: PATEL, DILIP STREET ADDRESS: ~~601 NORTH PARROTT AVENUE~~ CITY-ST-ZIP: OKEECHOBEE, FL ~~34972~~	☐ Delete	☑ Change ☐ Addition 862 SE 25th Street 34974-3210
TITLE: STD NAME: PATEL, VANITA STREET ADDRESS: ~~601 NORTH PARROTT AVENUE~~ CITY-ST-ZIP: OKEECHOBEE, FL ~~34972~~	☐ Delete	☑ Change ☐ Addition 826 SE 25th Street 34974-3210
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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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: [signature] 6/8/05 863-763-2955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

66025456

LAW OFFICE OF COLIN M. CAMERON
Attorneys and Counselors at Law

TELEPHONE 863/763-8600
FACSIMILE 863/763-2886
200 N.E. 4TH AVENUE
OKEECHOBEE, FLORIDA 34972-2981

August 2, 2005

Attn. Annual Reports Section
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314-6327

re: Shree Maa Laxmi, Inc.
Ref No. P02000051624
EIN: 59-3809920

Dear Sir or Madam:

A federal employer tax identification number (TIN / FEIN / EIN) was finally issued to the above corporation on July 13, 2005, two days after the date of your letter. It is 59-3809920. A copy of the notice received from the IRS is attached.

Please complete the filing of this annual report.

Your cooperation is appreciated.

Sincerely yours,

COLIN M. CAMERON

CMC/st

Enclosures: (as stated)