

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90029 031 \*\*\*150.00

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # P02000068927</b><br>1. Entity Name<br><b>LAKSMI, INC.</b>   |   |  |  |   |  |
| Principal Place of Business<br><b>7802 KINGSPORTE PARKWAY<br/>SUITE #207-B<br/>ORLANDO, FL 32819</b>  |   |  | Mailing Address<br><b>7802 KINGSPORTE PARKWAY<br/>SUITE #207-B<br/>ORLANDO, FL 32819</b>   |   |  |
| 2. Principal Place of Business<br><b>792 Creehwater Terrace</b>   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b># 207-A</b>                      |  |   |  |
| Suite, Apt. #, etc.<br><b>114</b>   |   | City & State<br><b>Lake Mary FL</b>  |  | 4. FEI Number<br><b>33-1010230</b>                                |  |
| City & State<br><b>Lake Mary FL</b>   |   | Zip<br><b>32746</b>  |  | Country<br><b>USA</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$8.75 Additional Fee Required</b>  |  |   |  |
| 6. Name and Address of Current Registered Agent<br><b>JAO SERVICES, INC<br/>7802 KINGSPORTE PARKWAY<br/>SUITE #207-B<br/>ORLANDO, FL 32819</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>German Corvalan</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>792 Creehwater Terrace #114</b><br>City <b>Lake Mary FL</b> Zip Code <b>32746</b> |   |  |
| 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<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |  |  | DATE <b>2/25/2004</b><br><small>DATE</small>                      |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>                                |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>CORVALAN, GERMAN</b><br><b>792 CREEKWATER TERRACE - #114</b><br><b>LAKE MARY, FL 32746</b>     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>V</b><br><b>OSTERAUER, RODRIGO B</b><br><b>792 CREEKWATER TERRACE - #114</b><br><b>LAKE MARY, FL 32746</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |  |  |   |  |
| <b>SIGNATURE:</b>   |   |  |  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  |  |   |  |
| <small>Date</small>   |   |  |  |   |  |
| <small>Daytime Phone #</small>  |   |  |  |   |  |