

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90443 001 \*\*\*200.00

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04212006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P03000042693</b> 1. Entity Name <b>LAXMI-PATEL ENTERPRISES, INC.</b>					
Principal Place of Business <b>3941 TAMIAMI TRL #3169 PUNTA GORDA, FL 33950</b>			Mailing Address <b>2419 EAST MALL DR FT MYERS, FL 33901</b>		
2. Principal Place of Business		3. Mailing Address <b>3345 FOWLER ST</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>FT. MYERS FL</b>		4. FEI Number <b>42-1857305</b>	
Zip		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MCLEOD, RODERICK D 2419 EAST MALL DR FT MYERS, FL 33901</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D PATEL, HARISHKUMER 3941 TAMIAMI TRL #3169 PUNTA GORDA, FL 33950</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D PATEL, CHETAN 3941 TAMIAMI TRL #3169 PUNTA GORDA, FL 33950</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D PATEL, JYOTI 3941 TAMIAMI TRL #3169 PUNTA GORDA, FL 33950</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D PATEL, SHILA 3941 TAMIAMI TRL #3169 PUNTA GORDA, FL 33950</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D PATEL, SHEETAL 3941 TAMIAMI TRL #3169 PUNTA GORDA, FL 33950</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					