

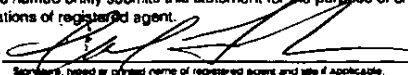
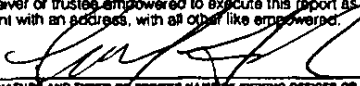


**FILED**  
**Jun 21, 2007 8:00 am**  
**Secretary of State**

5/1

05-15-2007 90008 031 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000046801</b>		
1. Entity Name <b>LAHORI INC.</b>		
Principal Place of Business <b>4550 NW 7 ST MIAMI, FL 33126</b>	Mailing Address <b>7616 NW 182ND TERRACE MIAMI LAKES, FL 33015</b>	<b>66019538</b>  02022007 No Chg-P CR2E034 (11/05)
<b>DO NOT WRITE IN THIS SPACE</b>		
4. FEI Number <b>04-3756391</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent <b>LAHORI, CAROL 7616 NW 182ND TERRACE MIAMI LAKES, FL 33015</b>		
<b>DO NOT WRITE IN THIS SPACE</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:  DATE: <b>5/30/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAHORI, CAROL 7616 NW 182 TERRACE HIALEAH, FL 33015	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LAHORI, KISHOR 7616 NW 182 TERRACE HIALEAH, FL 33015	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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. SIGNATURE:  DATE: <b>5/30/07</b> DAYTIME PHONE: <b>305-445-0282</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		