2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099520

Title:

Name:

Address:

City-St-Zip:

Entity Name: LAKSHMLOF ST AUGUSTINE INC

FILED Mar 01, 2005 Secretary of State

Entity Nan	1e: LAKSHMI	OF ST. AUGUSTINE, INC.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	PERING CIRCL STINE, FL 3208						
Current Mailing Address:			New Mailing Address:				
	PERING CIRCL STINE, FL 3208						
FEI Number:	32-0093852	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status De	esired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	NKAJ PERING CIRCL STINE, FL 3208						
The above in the State		ubmits this statement for the p	urpose of changing	ts registered o	office or registered ago	ent, or both,	
SIGNATUR							
		Signature of Registered Age	nt		Date		
Election Carr	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () [PATEL, PANKAJ 905 WHISPERIN ST AUGUSTINE,		Title: Name: Address: City-St-Zip:	()) Change()Addition		
Title: Name: Address: City-St-Zip:	V () [PATEL, KAMLES 10823 N WAHINI JACKSONVILLE,	DR	Title: Name: Address: City-St-Zip:	T (X PATEL, KAMLE 10823 N WAHII JACKSONVILL	NE DR		
Title: Name: Address: City-St-Zip:	T () [PATEL, PRASHA 70 IRVING AVE LIVINGSTON, NJ		Title: Name: Address: City-St-Zip:	VP (X PATEL, PRASH 70 IRVING AVE LIVINGSTON, N	<u> </u>		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PANKAJ PATEL PRES 03/01/2005

() Delete

1845 OLD MOULTRIE RD APT 10

ST AUGUSTINE, FL 32086

PATEL, PRAVIN

() Change () Addition