
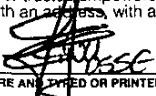


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90107 027 ***150.00

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # P03000132101 1. Entity Name LAXMI FINANCIAL CORP | | | |  | |
| Principal Place of Business 5600 COLLINS AVE # 7-F MIAMI BEACH, FL 33140 | | | Mailing Address 5600 COLLINS AVE # 7-F MIAMI BEACH, FL 33140 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 20-0443261 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent EUSSE, LINA 5600 COLLINS AVE # 7-F MIAMI BEACH, FL 33140 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | <input type="checkbox"/> Delete | | | |
| NAME | EUSSE, LINA | | | | |
| STREET ADDRESS | 5600 COLLINS AVE # 7-F | | | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date 3/10/05 Daytime Phone # | | | | | |

50025874



03012005 Chg-P CR2E034 (10/03)