## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P03000146812 04-08-2004 90028 004 \*\*\*158.75 1. Entity Name LAXMI PROSPERITY GEMS, INC. Principal Place of Business Mailing Address 11101 ROSELAND ROAD SEBASTAIN FL 32958 66415626 11101 ROSELAND ROAD SEBASTAIN FL 32958 2. Principal Place of Business 3. Mailing Address P.O. BOX Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For ROSELAND Not Applicable Zio \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUTNER, KRISHNAPRIYA Street Address (P.O. Box Number is Not Acceptable) 11101 ROSELAND ROAD SEBASTAIN FL 32958 City Zio 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 Signature, typed or printed name of registered agont and tide if applicable. (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. MILE ☐ Delete TIRE ☐ Change ☐ Addition NAME QUIYOU, USHA NAME 11101 ROSELAND ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBASTAIN FL 32958 CITY-ST-ZIP VSD me Delete TITLE ☐ Change ☐ Addition HUTNER, KRISHNAPRIYA NAME NAME STREET ADDRESS 11101 ROSELAND ROAD STREET ADDRESS CITY-ST-ZIP SEBASTAIN FL 32958 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST; ZIP TITLE Delete TITLE ☐ Addition ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P 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.

FILED

Daylime Phone #

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USHA QUIYOU

SIGNATURE: Usha