

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90109 029 ***150.00

DOCUMENT # P04000032265

1. Entity Name
LAVISKA USA, INC.



Principal Place of Business
**2900 W SAMPLE ROAD
#1303
POMPANO BEACH, FL 33073**

Mailing Address
**1259 FAIRLAKE TRACE
WESTON, FL 33326**

2. Principal Place of Business

3. Mailing Address

902 PALMETTO CIRCLE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

814

02062006

Chg-P

CR2E034 (11/05)

City & State

City & State

BOCA RATON FL

4. FEI Number

34-1981391

Applied For

Not Applicable

Zip

Country

Zip

33433

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUXANI, LAL V
1259 FAIRLAKE TRACE
WESTON, FL 33326**

Name

Street Address (P.O. Box Number is Not Acceptable)

902 PALMETTO CIRCLE SOUTH #814

City

BOCA RATON

FL

Zip Code

33433

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **D P** ☐ Delete
STREET ADDRESS **BUXANI, LAL V**
CITY-ST-ZIP **1259 FAIRLAKE TRACE
WESTON, FL 33326**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **902 PALMETTO CIRCLE SOUTH #814**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE
NAME **V S** ☐ Delete
STREET ADDRESS **CHUGANI, SURESH**
CITY-ST-ZIP **6701 COLLINS AVE
MIAMI BEACH, FL 33141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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: LAL V. BUXANI

LAL V. BUXANI, director

2/6/06

(954) 984-8951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #