



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000053181			
1. Entity Name LAXMI EXPRESS, INC.			
Principal Place of Business 3266 SW 25TH TERRACE MIAMI, FL 33133		Mailing Address 3266 SW 25TH TERRACE MIAMI, FL 33133	
			
		04262006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-0932148	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
MONSALVE, YUDITH M 3266 SW 25TH TERRACE MIAMI, FL 33133			
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 <u>MONSALVE, YUDITH M</u>		<u>President</u> <u>04/26/06</u>	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD		
NAME	MONSALVE, YUDITH M		
STREET ADDRESS	3266 SW 25TH TERRACE		
CITY-ST-ZIP	MIAMI, FL 33133		
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: <u>Yudith M. Monsalves</u>		<u>President</u> <u>04/26/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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05/17/06-80012-007 150.00