2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

DOCUMENT # P04000081690 1. Entity Name LAKSMI POOLS OF FLORIDA, CORP						04-18-2005	90338 01	2 ***150).00	
Principal Place of Business Mailing Address							-			
1	TH AVE., #E-509	4111 NW 37TH AVE., #E-509 MIAMI, FL 33142				50038339				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04142005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State			4. FEI Numbe	06-17	2614	Ap	plied For t Applicable	
Zip	Country	Zip .	,Coụn	try		of Status Desired	П ;	\$8.75 Add	itional	
-	6 Name and Address of Current	Registered Agent		-	7. Name and	Address of New F				
,				Name						
	MATILDE M 37TH AVE., #E-509 . 33142			Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	3	
	named entity submits this statement to tions of registered agent.	The purpose of changing its	registere	ed office or reg	gistered agent, or bo	th, in the State of F	orida. I am f	amiliar with,	and accept	
SIGNIATURE	Matille 1			4	1-14	- DE	<u></u>			
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registere	d Agent signature re	equired when reinstating)	r	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campai Trust Fund Cont		ncing	\$5.00 May Be Added to Fees					
10.	10. OFFICERS AND DIRECTORS				ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD _ (MATILDE) Delete							Change	Addition	
NAME STREET ADDRESS	PICADO, MATILDAEM 4111 NW 37TH AVE., #E-509		NAM	ET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33142			-ST-ZIP						
TOLE		☐ Delete	TITLE	1				Change	☐ Addition	
NAME STREET ADDRESS			NAM STRE	ET ADDRESS						
CITY-ST-ZIP		<u>.</u>	CITY	-ST-ZiP						
TITLE		Delete	TITU	1				☐ Change	Addition	
STREET ADDRESS				ET ADDRESS		-				
CITY-ST-ZIP		·	CITY	-ST-ZIP						
TITLE NAME		☐ Delete `	TITLE	1				☐ Change	Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITL! NAM					Change	Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLI NAM					☐ Change	☐ Addition	
NAME STREET ADDRESS				ET ADDRESS						

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 cath; 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Validle Picals
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)637-5741 4-14-05 Date

Daytime Phone #