

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jan 28, 2008 08:00 AM
Secretary of State**DOCUMENT # P05000116713**

1. Entity Name

VAIBHAV LAXMI CORPORATION



Principal Place of Business

VAIBHAV LAXMI CORP
403 U.S. HWY 27 SW
BRANFORD, FL 32008

Mailing Address

VAIBHAV LAXMI CORP
403 U.S. HWY 27 S.W.
BRANFORD, FL 32008

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-3413903

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, VIRENDRA
403 US HWY 27 SW
BRANFORD, FL 32008

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip 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 agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.009. 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
STREET ADDRESS
CITY- ST- ZIP
PSTD
PATEL, VIRENDRA
403 US HWY 27 SW
BRANFORD, FL 32008 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
000000801801
02/01/08-80034-008 150.00TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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: *V. Patel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01.10.08