

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90045 004 ***150.00

DOCUMENT # P05000121127

1. Entity Name
M&A LAXMI, INC



Principal Place of Business
**851 ARLINGTON RD N
JACKSONVILLE, FL 32211**

Mailing Address
**851 ARLINGTON RD N
JACKSONVILLE, FL 32211**

2. Principal Place of Business - No P.O. Box #
29959 CR 121
Suite, Apt. #, etc.

3. Mailing Address
1658 timber Crossing Lane
Suite, Apt. #, etc.

City & State
Hilliard, FL

City & State
Jacksonville FL

Zip
32046

Country
U.S.A

Zip
32225

Country
U.S.A

40060006



02282008 Chg-P CR2E034 (12/06)

8. Name and Address of Current Registered Agent
**PATEL, SHILPA H
12352 BUCKS HARBOUR DR. S
JACKSONVILLE, FL 32225**

4. FEI Number
57-1224026

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
Name
Patel Shilpa. H
Street Address (P.O. Box Number is Not Acceptable)
1658 timber crossing lane
City
Jacksonville FL Zip Code
32225

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 STREET ADDRESS CITY-ST-ZIP	P. PATEL, SHILPA H 12352 BUCKS HARBOUR DR S. JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Shilpa. H. Patel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1658 timber crossing lane Jacksonville FL, 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATEL, SHILPA H 12350 BUCKS HARBOUR DR S JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Shilpa. H. Patel. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1658 timber crossing lane JACKSONVILLE, FL, 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SPC **DATE: 4/3/08** **DAYTIME PHONE: (904) 879 2750**