

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000067509

Entity Name: LAKSHMI MED CORP.

FILED
Aug 24, 2009
Secretary of State

Current Principal Place of Business:

7725 SW 86 ST A1-114
MIAMI, FL 33143

New Principal Place of Business:

8785 SW 221 TERRACE
MIAMI, FL 33190

Current Mailing Address:

7725 SW 86 ST A1-114
MIAMI, FL 33143

New Mailing Address:

8785 SW 221 TERRACE
MIAMI, FL 33190

FEI Number: 26-0812339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AQUINO, LUIS HUMBERTO
7725 SW 86 ST A1-114
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

AQUINO, LUIS HUMBERTO
8785 SW 221 TERRACE
MIAMI, FL 33190 US

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.

SIGNATURE:

08/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AQUINO, LUIS HUMBERTO
Address: 7725 SW 86 ST A1-114
City-St-Zip: MIAMI, FL 33143

Title: VP () Delete
Name: GIL, PABLO
Address: 7725 SW 86 ST A1-114
City-St-Zip: MIAMI, FL 33143

Title: T (X) Delete
Name: SCHIFFINO, GIUSEPPE
Address: 7725 SW 86 ST A1-114
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AQUINO, LUIS HUMBERTO
Address: 8785 SW 221 TERRACE
City-St-Zip: MIAMI, FL 33190

Title: VP (X) Change () Addition
Name: GIL, PABLO
Address: 8785 SW 221 TERRACE
City-St-Zip: MIAMI, FL 33190

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PABLO GIL

P

08/24/2009

Electronic Signature of Signing Officer or Director

Date