FILED
May 19, 2003 8:00 am
Secretary of State
05-19-2003 90203 010 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103650

1. Entity Name
LAKSHMI INVESTMENTS INC.

90136191

Principal Place of Business	Mailing Address
3807 TRIPLE JUMP ST VALRICO, FL 33594	3807 TRIPLE JUMP ST VALRICO, FL 33594

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
17701 SIMMS Rd	17701 SIMMS ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ODESSA FL	City & State: ODESSA FL
Zip: 33556 Country:	Zip: 33556 Country:

4. FEI Number: 59-3414716 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SATISH, ANKALIKAR P 15801 HAMPTON VILLAGE DRIVE TAMPA, FL 33618	Name: ARDESHIR KHORSANDIAN Street Address (P.O. Box Number Is Not Acceptable): 17701 SIMMS Road City: ODESSA FL Zip Code: 33556

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: X Ardeshir Khorsandian DATE: 4/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS $150.00
After May 1, 2003 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	D JAMBHEKAR, AJAY S 3807 TRIBLE JUMP ST. VALRICO, FL 33594	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RUDRAPATNA GOVINDARAJU 17701 SIMMS Road ODESSA FL 33556	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANKALIKAR, SATISH P 15816 HAMPTON VILLAGE DR. TAMPA, FL 33618	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ARDESHIR KHORSANDIAN 17701 SIMMS Road ODESSA FL 33556	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIRTIKAR, UDAY A 15816 HAMPTON VILLAGE DR. TAMPA, FL 33618	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FU, EUGENE F 15816 HAMPTON VILLAGE DR. TAMPA, FL 33618	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RATTEHALLI, N M 15816 HAMPTON VILLAGE DR. TAMPA, FL 33618	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I 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 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: _____ 4/22/03 (813)931-2254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #