Apr 18 05 11:35a AASU CHEM & PHYS

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Secretary of State
04-21-2005 90225 003 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000038409

1. Entity Name
LAXMI-VISHNU INVESTMENTS INC.

Principal Place of Business	Mailing Address
114 W HWY 90 BONIFAY, FL 32425 US	114 W HWY 90 BONIFAY, FL 32425 US

04172005 - Chg-P - CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite/Apt./Etc.	Suite, Apt., etc.
City & State	City & State
Zip / Country	Zip / Country

4. FE. Number 59-3567368 — 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
PATEL, KAUUSHIKKUMAR H 114 W HWY 90 BONIFAY, FL 32425	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: Kaushik H. Patel (Required when mailed) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PATEL, KAUUSHIKKUMER H 114 W HWY 90 BONIFAY, FL 32425	☐ Delete	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PATEL, JUTOBEN 114 W HWY 90 BONIFAY, FL 32425	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

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, added or deleted, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kaushik H. Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #