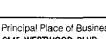
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DOCUMENT #	P9800005900

1. Entity Name L.A.S.P., INC.



Principal Place of Business 6145 WESTWOOD BLVD ORLANDO FL 32821		Mailing Address 6145 WESTWOOD BLVD ORLANDO FL 32821			
2. Principal P	Place of Business	3. Mailing Address		I LOGINESI NYA NETON TRINK BONY BONY BONY BONY BONY BONY BONY BONY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & Stat	e	City & State		4. FE! Number 59-3520839 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
			Name	·	
Shah, de 2960 can			Street	Address (P.O. Box Number is Not Acceptable)	
apopka i	FL 32703				
			City	FL Zip Code	
	named entity submits this statement for ions of registered agent.	or the purpose of changing	its registered office	or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if an elimber (Ni	OTE: Basistand Apart size	nature required when reinstating) ' DATE	
· After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	of State		• 9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PATEL, MANOJ H 9146 PHILIPS GROVE TERRACE ORLANDO FL 32836	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SHAH, DEVANG 1218 EPSON OAKS WAY ORLANDO FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-\$T-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	و ۱۰۰ - میرود و سند او میرمده مسیده داد		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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, or on an attachment with an address, with a other like empowered.

SIGNATURE:

407) 363-0463