2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2005 08:00 AM DOCUMENT # P98000061416 **Secretary of State** 1. Entity Name GANESH DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 4197 LAUREL RIDGE CIRCLE WESTON FL 33331 4197 LAUREL RIDGE CIRCLE WESTON FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0858993 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARRERO, JOSE Street Address (P.O. Box Number is Not Acceptable) WESTON PROFESSIONAL PLAZA 1820 NORTH CORPORATE LAKES BLVD STE 103 WESTON FL 33326 City 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. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete HHE ☐ Change ☐ Addition NAME LEMARESQUIER, NICOLAS NAME 4197 LAUREL RIDGE CIRC STREET ADDRESS STREET ADDRESS CITY-ST ZIP WESTON FL 33331 CITY-ST-7P Delete Change ☐ Addition U00000206197 LEMARESQUIER, IRMA NAME 01/31/05-80075-016 150.00 4197 LAUREL RIDGE CIRC STREET ADDRESS STREET AODRESS WESTON FL 33331 CITY-ST-7/P CHY-ST-7IP ☐ Delete THLE TELLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIP TITLE Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP mu Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY-ST-ZIP HULF HOLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHLY-ST ZIP

FILED

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 emergered 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 altiother like empowered.

SIGNATURE: