
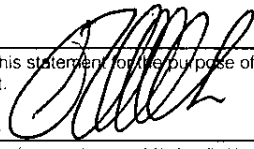
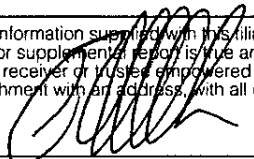


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90415 036 ***150.00

DOCUMENT # P0000100286			
1. Entity Name ARATI INC.			
Principal Place of Business 724 E BROADWAY STREET FT. MEADE FL 33841		Mailing Address 724 E BROADWAY STREET FT. MEADE FL 33841	
2. Principal Place of Business		3. Mailing Address ARATI INC.	
Suite, Apt. #, etc. AS ABOVE		Suite, Apt. #, etc. 3914-DERBY DR.	
City & State		City & State LAKE LAND FL.	
Zip	Country	Zip	Country
		33809	FLOR.
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PATEL, NALIN 3914 DERBY DRIVE LAKELAND FL 33809		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 		DATE 04-22-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, NALIN	NAME	
STREET ADDRESS	3914 DERBY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, SUREKHA	NAME	
STREET ADDRESS	607 EDGEWOOD DR N	STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE FL 33841	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, SANGITA	NAME	
STREET ADDRESS	607 EDGEWPPD DR N	STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE FL 33841	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, GORDHANBHAI	NAME	
STREET ADDRESS	1116 LAKE DEESON WOODS LANE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
NALIN. PATEL.		04-22-04 - 863-529-1146	



MOORE CR2E034 (11/03)

4. FEI Number 59-3679854 Applied For Not Applicable

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