

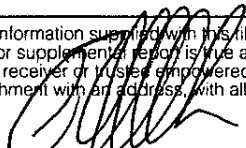


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-26-2004 90415 036 ***150.00

DOCUMENT # P00000100286					
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.		4. FEI Number 59-3679854	
Zip		Zip 33809		Country POLK.	
6. Name and Address of Current Registered Agent PATEL, NALIN 3914 DERBY DRIVE LAKE LAND FL 33809			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
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 				DATE 04-22-04	
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			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 NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, NALIN 3914 DERBY DRIVE LAKE LAND FL 33809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATEL, SUREKHA 607 EDGEWOOD DR N FT. MEADE FL 33841	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATEL, SANGITA 607 EDGEWOOD DR N FT. MEADE FL 33841	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATEL, GORDHANBHAI 1116 LAKE DEESON WOODS LANE LAKE LAND FL 33805	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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:  NALIN. PATEL. 04-22-04 - 863-529-1146					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					