


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000022606</b> 1. Entity Name <b>DEEPAM, INC.</b>	
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Principal Place of Business <b>7217 HAMILTON PARK BLVD TAMPA, FL 33615</b>	Mailing Address <b>7217 HAMILTON PARK BLVD TAMPA, FL 33615</b>
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**DO NOT WRITE IN THIS SPACE**



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3700426</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**VARGHESE, THOMAS  
7217 HAMILTON PARK BLVD  
TAMPA, FL 33615**

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when retaking)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	04/21/04-80066-008 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMAS, MARY 7217 HAMILTON PARK BLVD TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST VARGHESE, THOMAS 7217 HAMILTON PARK BLVD TAMPA, FL 33615
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **THOMAS VARGHESE** **4-19-04** **813-361-4690**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #