

FILED
May 17, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000083951			
1. Entity Name IYER, INC.			
Principal Place of Business 266 WILSHIRE BLVD, STE 127 CASSELBERRY, FL 32707	Mailing Address 266 WILSHIRE BLVD, STE 127 CASSELBERRY, FL 32707		
DO NOT WRITE IN THIS SPACE			
			
		05032004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3768801	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
IYER, VINODINI 266 WILSHIRE BLVD, STE 127 CASSELBERRY, FL 32707		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP IYER, VINODINI 266 WILSHIRE BLVD, STE 127 CASSELBERRY, FL 32707		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST IYER, SREENIVASAN 266 WILSHIRE BLVD, STE 127 CASSELBERRY, FL 32707		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
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TITLE NAME STREET ADDRESS 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: <u><i>Vinodini</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/30/2004 107-263-3000 <small>Date Daytime Phone #</small>	