


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000114943 1. Entity Name FEHM INC.	
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Principal Place of Business C/O NRS ACCOUNTING SERVICES INC. 105 HILLSIDE AVENUE WILLISTON PARK, NY 11596	Mailing Address C/O NRS ACCOUNTING SERVICES INC. 105 HILLSIDE AVENUE WILLISTON PARK, NY 11596
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0553461	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MUKHI, SAJJAD 116 HIGHLINE DRIVE SUITE A LONGWOOD, FL 32750	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U000000018812 01/29/04-800002-009 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAJJAD, MUKHI 116 HIGHLINE DR., STE. A LONGWOOD, FL 32750	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIYANJI, MASJAN 116 HIGHLINE DR., STE. A LONGWOOD, FL 32750	
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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)(l), 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:  SAJJAD MUKHI PRESIDENT	Date: 1/22/04	Daytime Phone #: 407-332-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		