


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90670 019 ***150.00

DOCUMENT # P02000010027	
1. Entity Name MATHAI INC.	

Principal Place of Business 742 NEW JERSEY ST WEST PALM BEACH FL 33401	Mailing Address 281 BRIELLE AVE STATEN ISLAND NY 10314
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 37-1419388	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	
VARUGHESE, SHIBU 742 NEW JERSEY ST. WEST PALM BEACH FL 33401	
7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARUGHESE, MATHAI 742 NEW JERSEY ST. WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VARGHESE, SHIBY 742 BRIELLE AVE STATEN ISLAND NY 10314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VARQAESE, MATHAI 281-BRIELLE AVE STATEN ISLAND NY 10314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATHAI, BABLI 281- BRIELLE AVE STATEN ISLAND NY 10314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPD: MATHAI, VARUGHESE 281- BRIELLE AVE STATEN ISLAND, NY-10314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VARUGHESE SHIBU 742- NEW JERSEY STREET, WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPD: MATHAI, VARUGHESE 281-BRIELLE AVE STATEN ISLAND, NY-10314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATHAI, BABLI 281- BRIELLE AVE, STATEN ISLAND, NY-10314.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: OV Mathai (VARUGHESE MATHAI) **4/4/04 (917)655-3246**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #