

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010027

FILED
Feb 05, 2009
Secretary of State

Entity Name: MATHAI INC.

Current Principal Place of Business:

742 NEW JERSEY ST
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

281 BRIELLE AVE
STATEN ISLAND, NY 10314

New Mailing Address:

FEI Number: 37-1419388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARUGHESE, SHIBU
742 NEW JERSEY ST.
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATHAI, VARUGHESE
Address: 281 BRIELLE AVE
City-St-Zip: STATEN ISLAND, NY 10314

Title: V () Delete
Name: VARUGHESE, SHIBU
Address: 742 NEW JERSEY STREET
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PD () Delete
Name: MATHAI, VARUGHESE
Address: 281-BRIELLE AVE
City-St-Zip: STATEN ISLAND, NY 10314

Title: T () Delete
Name: MATHAI, BABLI
Address: 281- BRIELLE AVE
City-St-Zip: STATEN ISLAND, NY 10314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VARUGHESE MATHAI

PD

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date