
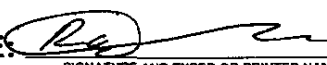


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90190 030 ***150.00

DOCUMENT # P03000065119 1. Entity Name DESMAI, INC.																																																																																																																																																											
Principal Place of Business 9802-14 BAYMEADOWS RD JACKSONVILLE FL 32256			Mailing Address 9802-14 BAYMEADOWS RD JACKSONVILLE FL 32256																																																																																																																																																								
2. Principal Place of Business 1620 margate st.		3. Mailing Address 3560 Phillips Hwy																																																																																																																																																									
Suite, Apt. #, etc. Suite # 205		Suite, Apt. #, etc.																																																																																																																																																									
City & State Jax, Florida		City & State Jax, Florida		4. FEI Number 56-2367275																																																																																																																																																							
Zip 32204		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent BLACKBURN, BRYAN E 9802-14 BAYMEADOWS RD JACKSONVILLE FL 32256			7. Name and Address of New Registered Agent Name Blackburn, Bryan Street Address (P.O. Box Number is Not Acceptable) 1921 Dewey Place City Jax FL Zip Code 32207																																																																																																																																																								
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 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">D DESAI, RAJ</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">V Pushpa A. Patel</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">10202 HEATHER GLEN DR</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">1670 myssadview DRV</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">JACKSONVILLE FL 32256</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">etheshire, CT06410</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">T Purnima K. 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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: 			4/19/04 (904) 396-5738																																																																																																																																																								
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>																																																																																																																																																								