
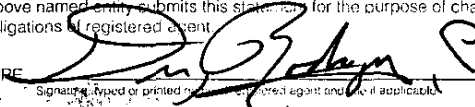
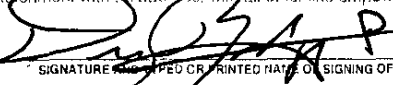


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91007 039 ***150.00

DOCUMENT # J20395					
1. Entity Name DRQ, INC.					
Principal Place of Business P O BOX 432495 S. MIAMI, FL 33243		Mailing Address P O BOX 432495 S. MIAMI, FL 33243			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2693053	
				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			7. Name and Address of New Registered Agent		
RODRIGUEZ, DIEGO 6890 SUNSET DR S. MIAMI, FL 33143			Name RODRIGUEZ, DIEGO		
			Street Address (P.O. Box Number is Not Acceptable) 300 NORTH KROME AVE. BLDG.#9		
			City FLORIDA CITY FL Zip Code 33034		
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 			DATE DIEGO RODRIGUEZ, P. 04/19/2004		
SIGNATURE (Printed or printed name of registered agent and not applicable)			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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEREZ, REINALDO 5081 S/W MIAMI, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, DIEGO 6890 SUNSET DR. S. MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, DIEGO 300 NORTH KROME AVEN BLDG.#9 FLORIDA CITY, FL 33034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ DANIEL 4400 GRANADA BLVD. CORAL GABLES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RODRIGUEZ, DIEGO D 300 NORTH KROME AVE. BLDG.#9 FLORIDA CITY, FL 33034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, will all other like empowered.					
SIGNATURE: 			DATE DIEGO RODRIGUEZ, PP04/19/04 305-248-5860		
SIGNATURE (PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)			DATE Daytime Phone #		