


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # J20395

1. Entity Name
DRQ, INC.



Principal Place of Business Mailing Address

P O BOX 432495 P O BOX 432495
S. MIAMI, FL 33243 S. MIAMI, FL 33243

DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2693053 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, DIEGO
300 NORTH KROME AVE. BLDG. #9
HOMESTEAD, FL 33034

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, DIEGO
STREET ADDRESS	300 NORTH KROME AVE BLDG. #9
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	VP
NAME	RODRIGUEZ DANIEL
STREET ADDRESS	4400 GRANADA BLVD.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	ST
NAME	RODRIGUEZ, DIEGO D
STREET ADDRESS	300 NORTH KROME AVE, BLDG. #9
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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: *Diego Rodriguez* **DIEGO RODRIGUEZ** 1/14/05 305-240-1466

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