

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J57582**

1. Entity Name

DREW-RAD CORP.



Principal Place of Business  
11 N.E. 1ST ST.  
POMPANO BEACH FL 33060

Mailing Address  
6051 N. OCEAN DR.  
#704  
HOLLYWOOD FL 33019



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FCI Number  
65-0001891

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMPSON, FOREST V  
813 NW 1ST ST  
FT. LAUDERDALE FL 33311

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPSON, FOREST VIRGIL	
STREET ADDRESS	6051 N OCEAN DRIVE 704	
CITY- ST- ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPSON, STELLA FAYE	
STREET ADDRESS	6051 N. OCEAN DR. #704	
CITY- ST- ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

U00000429043  
02/21/06-80071-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *F.V. Simpson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-06

Date

954-818-1070

Daytime Phone #