## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 08, 2004 8:00 am Secretary of State 04-08-2004 90009 034 \*\*\*150 00 **DOCUMENT # K70189** 1. Entity Name DRAGON, INC. PAGOLMAI Principal Place of Business Mailing Address 100 SE SECOND ST 100SE SECOND ST 17TH FLOOR 17TH FLOOR MIAMI, FL 33131 IIS MIAMI, FL 33131 03242004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0188306 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHN H FRIEDHOFF DO NOT WRITE 100 SE SECOND ST 17TH FLOOR IN THIS SPACE MIAMI, FL 33131 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D.P.S.T BOLLINGER, I. NAME STREET ADDRESS 100 S.E. SECOND STREET, 17TH FLOOR CITY-ST-ZIP MIAMI, FL OPT BOLLINGER, H. NAME STREET ADDRESS 100 S.E. DECOND STREET, 17TH FLOOP CITY-ST-ZIP MIAMI: FL AS FRIEDHOFF, J. NAME STREET ADDRESS 100 S.E. SECOND STREET, 17TH FLOOR DO NOT WRITE CITY-ST-ZIP MIAMI, FL IN THIS SPACE D. Jollingge NAME C. Bollinger STREET ADDRESS 100 SE 2mSt, 17th Flr, Miami, Fi CITY-ST-ZIP TITLE NAME A. Bollinger STREET ADDRESS 100 SE 2 St, 17th Flr, Miami,Fl CITY-ST-ZIP TITLE

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 unit an address, with all other like empowered.

SIGNATURE: 2

NAME STREET ADDRESS CITY-ST-ZIP

**FILED**