

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008049

FILED  
May 02, 2008  
Secretary of State

**Entity Name:** THE DRACONIAN TRADITION, INC.

**Current Principal Place of Business:**

571 NORTHWEST 189TH STREET  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

571 NORTHWEST 189TH STREET  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 65-1159184      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MACHADO, SAMUEL  
571 NORTHWEST 189TH STREET  
MIAMI, FL 33169 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MACHADO, SAMUEL  
Address: 571 NORTHWEST 189TH STREET  
City-St-Zip: MIAMI, FL 33169

Title: SD ( ) Delete  
Name: RODGERS, CYNTHIA  
Address: 571 NORTHWEST 189TH STREET  
City-St-Zip: MIAMI, FL 33169

Title: TD ( ) Delete  
Name: CHIN, NICOLE  
Address: 571 NORTHWEST 189TH STREET  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA RODGERS

SD

05/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date