2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 8:00 am Secretary of State

1. Entity Nam	CUMENT # N0300003416 Name DRAH FOUNDATION, INC.					01-24-20	08 90027 0	43 ****6	1.25	
NORTH MIAN	Manski 91 Street Suite 704 11 Beach, Fl 33180	Mailing Address % AIDA FURMANSKI 2875 N.E. 191 STREET S NORTH MIAMI BEACH, FL			1 18811181 811	893 2				
11010 N Suite, Apt.	1 W 30TH ST COL 2014	3. Mailing Address 11010 Nw 30 TH 5 Suite, Apt. #, etc.	ST, COLZ	94	01142008	Chg-NP		7 (12/06)		
City & State		City & State MAMi 17	Flo RIZA	A .	4. FEI Numbe 98-0390			, , , , , , , , , , , , , , , , , , , 	oplied For ot Applicable	
^{Zip} 33 1	72 USA	333172	Country US-A			of Status Desire	;0	\$8.75 Add Fee Require		
	6. Name and Address of Current Re	gistered Agent	Name			Address of Ne		Agent		
	RICHARD A CPA		<u> </u>			theD 1		<u> </u>		
20590 WE MIAMI, FL	ST DIXIE HWY 33180			.25	PONCE	er is Not Accept	SON BC	OU SA	eD_	
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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										
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE										
	Signature, typed or printed name or registered agent and	тие паррисавіе. (NOTE, н	egistered Agent signat	lure required	when reinstating)					
	Filling Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Cor	aign Financing		\$5.00 May B Added to Fees	e F	Make check Florida Depart			
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRECT	9. Election Campa Trust Fund Con	aign Financing		\$5.00 May B Added to Fees	e F	Make check Florida Depart	tment of St	tațe	
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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 617, 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:	Zdz JUZUK	AIDA FURMANSKI	ANUARY	17/08 305-773-9216
	SIGNATURE AND TYPED OR PRINTED NAME OF	F SIGNING OFFICER OR DIRECTOR	J Date	Daytime Phone #