2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000063722

1. Entity Name

R L DRAFTING & DETAILING SERVICES, INC.



FILED Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90326 003 ***150.00

Address SOUTHWEST 73RD STREET MAM FL 35183 3. Mailing Address Suite, Apr. 4. mic. Sales SOUTHWEST 73RD STREET MAM FL 35183 Suite, Apr. 4. mic. Sales Apr. 4. mic. Sales Apr. 4. mic. MOORE CR2E934 (11/03) City & State City & State 4. FET Number 65-1118387 Applied For No. Applicable For No. Applied For No. Applicable For No. Applicabl				COO WE THE					
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Second Country Second	City & Stat	е	City & State	City & State		18387	<u> </u>		
LEMUS, ROCIO 14435 SW 73RD STREET MIAMI FL 33183 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 chilipations of registered agent. SIGNATURE Signature Signature Signature agent and fine if agreement agent agent agent agent agent agent agent agent and fine if agreement agent age	Zip	Country	Zip	Country	ntry 5 Certificate of Status Desired \$8.75 Additional				
LEMUS, ROCIO 14435 SW 73RD STREET MIAMI FL 33183 Street Address (PO. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I sm familiar with, and accept the obligations of registered agent. SIGNATURE Signature, tyses or prized raise of legistered apen and line if sportcoles. (NOTE Repaised Agent sprature recursed when relocation) After Many 1, 2004 Fee will be \$355.00 After Many 1, 2004 Fee will be \$355.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II MAKE INFER AND AND STREET ORDERS CITY-ST-2P MAMI FL 33183 TITLE MA	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
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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)(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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-04 305)386-7730