2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 08:00 AM Secretary of State **DOCUMENT #P01000063722** R L DRAFTING & DETAILING SERVICES, INC. Principal Place of Business Mailing Address 14435 SOUTHWEST 73RD STREET 14435 SOUTHWEST 73RD STREET MIAMIL FL 33183 MIAML FL 33183 CR2E034 (11/05) D4172008 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1118387 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent LEMUS, ROCIO DO NOT WRITE **14435 SW 73RD STREET** MIAMI, FL 33183 IN THIS SPACE 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. DATE (NOTE: Registered Agent signature registed when remetating) \$5.00 May Ba Election Campaign Financing FILE NOW!!! FEE 15 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PSTD TITLE LEMUS, ROCIO NAME STREET ADDRESS 14435 SOUTHWEST 73RD STREET ตาร-ส-สค MIAMI, FL 33183 TILE UD0000529448 NAME 05/05/06-80075-024 150.0h STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE HAME STREET ADDRESS City-ST-ZP

12. Uhereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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 507, 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: \(\sigma\)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

NAME STREET ADDRESS CITY - ST - ZIP

COLUMN TO THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06 305)386-7721

FILED