

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000018399

1. Entity Name  
DRN ENTERPRISES, INC.



Principal Place of Business:

8415 CORAL WAY  
204  
MIAMI, FL 33155

Mailing Address

8415 CORAL WAY  
204  
MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number  
46-0466668

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL, NEWMAN P  
8415 CORAL WAY  
204  
MIAMI, FL 33155

**DO NOT WRITE  
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 MICHAEL NEWMAN  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent must be reappointed when reinstating)

3/21/05  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	NEWMAN, PATRICIA TREAS
STREET ADDRESS	8415 CORAL WAY, STE. 204
CITY-STATE-ZIP	MIAMI, FL 33155
TITLE	P, D
NAME	DE LA CRUZ, ANTHONY PRES
STREET ADDRESS	8415 CORAL WAY, STE 204
CITY-STATE-ZIP	MIAMI, FL 33155
TITLE	VP, D
NAME	REY, RAFAEL VICE-PR
STREET ADDRESS	8415 CORAL WAY, STE 204
CITY-STATE-ZIP	MIAMI, FL 33155
TITLE	S, D
NAME	NEWMAN, MICHAEL P SECRETA
STREET ADDRESS	8415 CORAL WAY, STE. 204
CITY-STATE-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000271631  
03/21/05-80054-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

(Type name, typed or printed name of signing officer or director)

MICHAEL P. NEWMAN

3/21/05  
Date

305 267 7272  
Daytime Phone #