

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

02-13-2004 90005 050 ***150.00

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03142004 Chg-P CR2E034 (10/03)

4. FEI Number
37-1422261

Applied For
Not Applicable

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

DOCUMENT # P02000021687

1. Entity Name
DRAB INC.



Principal Place of Business
**4641 S. HARDING AVE.
CHICAGO, IL 60632**

Mailing Address
**4641 S. HARDING AVE.
CHICAGO, IL 60632**

2. Principal Place of Business

**10106 Devon Court
Suite Apt #, etc
Rosemont, IL
City & State**

3. Mailing Address

**10106 Devon Court
Suite Apt #, etc
Rosemont, IL
City & State**

Zip
60018

Country

Zip
60018

Country

6. Name and Address of Current Registered Agent

**PASEK, MICHAEL D
4851 85TH AVENUE
PINELLAS PARK, FL 33781**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DRABIK, STANISLAW
4641 S. HARDING AVE.
CHICAGO, IL 60632** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Drabik Stanislaw
10106 Devon Court
Rosemont, IL 60018** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DRABIK, HALINA
4641 S. HARDING AVE.
CHICAGO, IL 60632** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Drabik Halina
10106 Devon Court
Rosemont, IL 60018** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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: Stanislaw Drabik

Halina Drabik

March 15 '04 (773) 771-1786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #