## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 21, 2005 8:00 am Secretary of State **DOCUMENT # P02000021687** 04-21-2005 90233 030 \*\*\*150.00 1. Entity Name DRAB INC. Principal Place of Business Mailing Address さりわ げきぶん 10106 DEVON COURT ROSEMONT, IL 66018 10106 DEVON COURT ROSEMONT, IL 60018 2. Principal Place of Business 1767 Leo Lone 5 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For Clearwo 37-1422261 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Diabile Stanislaw -PASEK, MICHAEL D 4851 85TH AVENUE PINELLAS PARK, FL 33781 Street Address (P.O. Box Number is Not Acceptable) Springs lackson Rol 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE Change : DRABIK STANIBLAW NAME NAME ( new vololvess-Jackson Springs 10106 DEVON COURT STREET ADDRESS STREET ADDRESS ROSEMONT, IL 69018 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DRABIK, HALINA NAME NAME STREET ADDRESS 10106 DEVON COURT STREET ADDRESS ROSEMONT, IL 60018 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 212 TITLE Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**