


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000039420

1. Entity Name
DROKREATIONZ CORP.



Principal Place of Business 14731 S.W. 173 STREET MIAMI, FL 33187	Mailing Address 14731 S.W. 173 STREET MIAMI, FL 33187
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DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0663823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVA, LUISA A.
 14731 S.W. 173 STREET
 MIAMI, FL 33187

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SILVA, LUISA A 14731 S.W. 173 STREET MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ARTILES, NOEL E 14731 S.W. 173 STREET MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ARTILES, EDUARDO A 14731 S.W. 173 STREET MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 another like empowered.

SIGNATURE: Luisa A. Silva, President 4-19-04 786 423 6843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #