2005 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED

May 02, 2005 8:00 am Secretary of State

05-02-2005 90402 014 ***158.75

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DOCUMENT # P03000024600 DRAG INTERNATIONAL, INC.

Principal Place of Business DRAG INTERNATIONAL, INC. 2000 SW 71ST TERR., BAY #A-10 FORT LAUDERDALE, FL 33317

Mailing Address

DRAG INTERNATIONAL, INC 2000 SW 71ST TERR., BAY #A-10 FORT LAUDERDALE, FL 33317

2. Principal Place of Business 3		3. Mailing Address		T	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number Applied For 05-0558882 Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent	
6921 ENV 6P LAUDERD	I, KHEMRAJ IRON BLVD IACE, FL 33319 In named entity submits this statement for ions of registered agent.	the purpose of changing its	City FT.	Sus (P.O. Box Number is Not Acceptable) BAY A A-10 AUD ERD ALE State of Florida. I am familiar with, and accept	
	Signature, typed or ornited name of registered agent a ENOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campai		\$5.00 May Be Added to Fees	
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RAMNATH, KHEMRAJ 6921 ENVIRON BLVD #6P LAUDERDALE, FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	PChange Addition OOO SW 71 FERR # A-10 FT. AUDERDALE FC 23317	
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE	☐ 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. KKEM ROT RAMMENT

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Change

☐ Addition