



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90033 041 ***150.00

DOCUMENT # P03000106660					
1. Entity Name DRY PROCESS, INC.					
Principal Place of Business 4155 S.W. 67 AVENUE #101 DAVIE, FL 33314			Mailing Address 4155 S.W. 67 AVENUE #101 DAVIE, FL 33314		
2. Principal Place of Business 4739 SW 45th St. Suite, Apt. #, etc.		3. Mailing Address 6511 NOVA DR. Suite, Apt. #, etc. # 231			
City & State DAVIE, FLORIDA Zip 33314 Country USA		City & State DAVIE, FLORIDA Zip 33317 Country USA		4. FEI Number 42-11606128 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 MODAS, DANIEL A 1215 S.E. 2ND AVENUE FT. LAUDERDALE, FL 33335			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 _____ (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: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CASSIDY, CHRIS STREET ADDRESS 6511 NOVA DRIVE #231 CITY-ST-ZIP DAVIE, FL 33317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP NAME CASSIDY, ERIKA STREET ADDRESS 6511 NOVA DRIVE #231 CITY-ST-ZIP DAVIE, FL 33317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/13/2004 Date 954-583-5935 Daytime Phone #		