


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90040 011 \*\*\*150.00

<b>DOCUMENT # P04000009188</b>	
1. Entity Name <b>DRAGO CONSTRUCTION INC.</b>	

Principal Place of Business <b>2271 GENTIAN ROAD VENICE, FL 34293 US</b>	Mailing Address <b>2271 GENTIAN ROAD VENICE, FL 34293 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40103190



08282006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0596064</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>DRAGO, FERNANDO 2271 GENTIAN ROAD VENICE, FL 34293</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DRAGO, FERNANDO 2271 GENTIAN ROAD VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

9-1-6

Date

941-525-4193

Daytime Phone



## ATTACHMENT

Employer's Quarterly Report  
5050 W. Tennessee St., Tallahassee, FL 32399-0180#08480029188 CSOL  
UCT-6  
R. 01/06

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

862002006023000680540316500269659600002

40103190

Quarter Ending 6/30/06	Due Date 7/01/06	Penalty After Date 7/31/06	Tax Rate 0.027000	UC Account Number 2696596-2
Employer's Name DRAGO CONSTRUCTION, INC.				F.E.I. Number 20-0596064
Mailing Address 231 E. DEARBORN ST.				For Official Use Only - Postmark Date [ ] [ ] [ ] [ ] [ ] [ ]
City/State/ZIP ENGLEWOOD FL 34223				

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the period including the 12th of the month.

1st Month	0
2nd Month	0
3rd Month	0

2. Gross Wages Paid This Quarter ..... 0.00  
3. Wages Paid This Quarter in Excess of \$7,000 per Employee This Year ..... 0.00  
4. Taxable Wages for This Quarter (Item 2 minus Item 3) ..... 0.00  
5. Tax Due (Multiply Item 4 by Tax Rate) ..... 0.00  
6. Penalty Due (See Instructions) .....  
7. Interest Due (See Instructions) .....  
8. Total Amount Due ..... 0.00  
Make check payable to Florida U.C. Fund (If less than \$1.00 no remittance is necessary.)

9. EMPLOYEE'S SOCIAL SECURITY NUMBER	10. EMPLOYEE'S NAME Last Name	First Initial	Middle Initial	11. EMPLOYEE'S GROSS WAGES PAID THIS QUARTER
12. Total Gross Wages This Page				

I certify the information contained on this report is true and correct and no part of the unemployment tax was, or is to be deducted from the Employee's wages.  
(DO NOT DETACH)

Signature <i>[Signature]</i>	Date 6/05/06	Signature of Preparer <i>[Signature]</i>
Title PRESIDENT	Telephone No. 941-815-3408	Preparer's Telephone No. 941-475-5461

DRAGO-CONSTRUCTION, -INC.  
231 E. DEARBORN ST.☐ Check here if you transmitted  
funds electronically

Make check payable to: Florida U.C. Fund

Mail To:  
FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE ST  
TALLAHASSEE FL 32399-0180CSOL  
UCT-6  
R. 01/06

ENGLEWOOD

FL 34223

UT Account Number: 2696596-2

2696596	200596064	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0