

03-07-2005 90275 018 ***158.75

DOCUMENT # P04000009595			
1. Entity Name DRMY, INC.			
Principal Place of Business 13832 SW 40 STREET DAVE, FL 33330		Mailing Address 13832 SW 40 STREET DAVE, FL 33330	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
6. Name and Address of Current Registered Agent ELIAS, JOHN 15225 NW 77 AVE STE 201 MIAMI LAKES, FL 33014		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 renaming) DATE _____			
FILE NOW!!! FEE IS \$450.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition 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 all other like empowered.			
SIGNATURE: <u>John Y. Patino</u>		3/6/05	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		Date	