


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90064 042 \*\*\*150.00

<b>DOCUMENT # P04000009595</b>	
1. Entity Name DRMY, INC.	

Principal Place of Business 13250 SOUTHWEST 4TH COURT SUITE 208 PEMBROKE PINES, FL 33027 US	Mailing Address 13250 SOUTHWEST 4TH COURT SUITE 208 PEMBROKE PINES, FL 33027 US
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2. Principal Place of Business - No P.O. Box # 1663 Georgia Street NE Suite, Apt. #, etc. Suite 1100	3. Mailing Address 1712 Ardmore Street NE Suite, Apt. #, etc.
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City & State Palm Bay, FL	City & State Palm Bay, FL
Zip 32907	Country US

01102007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1596123	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ELIAS, JOHN 15225 NW 77 AVE STE 201 MIAMI LAKES, FL 33014	
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7. Name and Address of New Registered Agent Name: Juana Y. Patino Street Address (P.O. Box Number is Not Acceptable) 1712 Ardmore Street NE City: Palm Bay FL Zip Code: 32907	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATINO, RUDY 13832 SW 40 STREET DAVIE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patino, Rudy 1712 Ardmore Street NE Palm Bay, FL 32907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATINO, JUANA Y 13832 SW 40 STREET DAVIE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patino, Juana Y 1712 Ardmore Street NE Palm Bay, FL 32907 <input checked="" 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
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

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: <u>Juana Y. Patino</u>	Date: <u>1/19/07</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	