2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 29, 2005 8:00 am DOCUMENT # P04000020577 **Secretary of State** 1. Entity Name 03-29-2005 90021 016 ***150.00 DRAAM CONSTRUCTION, INC. Mailing Address Principal Place of Business 8325 WEST 24TH AVE 8325 WEST 24TH AVE HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address 7530 Sい 7530 SW 36 Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State FLORUS Not Applicable MISW Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEFENSE CENTER HERRERA, IHOSVANNI 3 8325 WEST 24TH AVE. 2350 W 84th Street Hialeah, FL 33016 HIALEAH FL 33016 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. . \square Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change TITLE ☐ Addition TITLE ☐ Delete ARIAS, FERNANDO 7530SW 364ST ARIAS, FERNANDO NAME NAME 8325 WEST 24TH AVE, BAY1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF HIALEAH FL 33016 CITY-ST-7IP miami TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Defete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED