

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000052608

Entity Name: DRIM MANPOWER, INC.

FILED  
Jan 16, 2007  
Secretary of State

**Current Principal Place of Business:**

4601 SHERIDAN ST #301  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

3531 GRIFFIN RD  
FT. LAUDERDALE, FL 33312

**Current Mailing Address:**

4601 SHERIDAN ST #301  
HOLLYWOOD, FL 33021

**New Mailing Address:**

3531 GRIFFIN RD  
FT. LAUDERDALE, FL 33312

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAGEN & HAGEN, P.A.  
3531 GRIFFIN RD  
FT LAUDERDALE, FL 33312    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      DPS                      ( ) Delete  
Name:                      TZORFATI, MAURICE  
Address:                      4601 SHERIDAN ST #301  
City-St-Zip:                      HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      DPS                      (X) Change ( ) Addition  
Name:                      TZORFATI, MAURICE  
Address:                      3531 GRIFFIN RD  
City-St-Zip:                      FT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICE TZORFATI

DPS

01/16/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date