2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State
04-05-2006 90141 016 ***150.00

DOCUMENT # P05000074383

1. Entity Name
DRUKER COMPANY

400443000

01092006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
1333 MERIDIAN AVE. UNIT #4 MIAMI BEACH, FL 33139 US	1333 MERIDIAN AVE. UNIT #4 MIAMI BEACH, FL 33139 US

2. Principal Place of Business	3. Mailing Address
639 13TH St.	639 13TH St.
Suite, Apt. #, etc.: Unit #4	Suite, Apt. #, etc.: Unit #4
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH, FL
Zip: 33139 Country: US	Zip: 33139 Country: USA

4. FEI Number: 20-3008204 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DRUKER, DANIEL
1333 MERIDIAN AVE.
UNIT #4
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name: DRUKER, DANIEL
Street Address (P.O. Box Number is Not Acceptable): 639 13TH St. #4
City: MIAMI BEACH FL Zip Code: 33139

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 ______________________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRES ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	DRUKER, DANIEL	NAME	
STREET ADDRESS	1333 MERIDIAN AVE., #4	STREET ADDRESS	639 13TH St., #4
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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