


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90031 011 ***150.00

DOCUMENT # P06000033698 1. Entity Name DRAGONFI, INC.					
Principal Place of Business 2699 STIRLING ROAD STE A 304 FORT LAUDERDALE, FL 33312			Mailing Address 3401 BONITA BEACH ROAD SUITE 107 BONITA SPRINGS, FL 34134 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2699 Stirling Road A 304			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Ft Lauderdale, Florida			
Zip	Country	Zip	Country	Broward	
4. FEI Number 20-4477542		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COX, WILLIAM B 3401 BONITA BEACH ROAD SUITE 107 BONITA SPRINGS, FL 34134			7. Name and Address of New Registered Agent Name 2699 Stirling Road Street Address A 304 (Box Number is Not Acceptable) Fort Lauderdale, Florida 33312 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D,P COX, WILLIAM B 28059 OAK LANE BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2699 Stirling Road A 304 Fort Lauderdale, Florida 33312	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ZEIN, MIKE 2699 STIRLING ROAD SUITE A 304 FT. LAUDERDALE, FL 33312		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Elzein, Mohamad	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MORALES, TATIANA 2699 STIRLING ROAD SUITE A-304 FT. LAUDERDALE, FL 33312		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/8/08 954-964-3363 <small>Date Daytime Phone #</small>		