

2008 FOR PROFIT CORPORATION ANNUAL REPORT

02-14-2008 90031 010 ***150.00
P07000003172

DOCUMENT # P07000003172		
1. Entity Name DRAGONRE, INC.		

FILED

08 MAR 10 AM 11:36

400432 SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2699 STIRLING RD. SUITE A302 FORT LAUDERDALE, FL 33312 US		Mailing Address 2699 STIRLING RD. SUITE A302 FORT LAUDERDALE, FL 33312 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02082008 Chg-P CR2E034 (12/06)

4. FEI Number **42-1721434** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent COX, WILLIAM B 28059 OAK AVENUE BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name 2699 Stirling Rd # A 304 Fort Lauderdale, Florida 33312 L Zip Code	
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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.

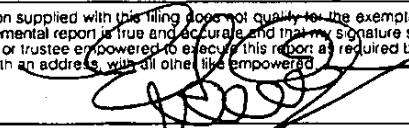
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 NAME STREET ADDRESS CITY - ST - ZIP	P/D COX, WILLIAM B 28059 OAK AVENUE BONITA SPRINGS, FL 34135 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2699 Stirling Road A 304 Fort Lauderdale, Florida 33312 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ZEIN, MIKE 2699 STIRLING ROAD FORT LAUDERDALE, FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Elzein, Mohamad ☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  2/8/08 954-964-3323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #