2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 22, 2004 8:00 am Secretary of State DOCUMENT # P94000071517 1. Entity Name 04-22-2004 90043 043 \*\*\*150.00 DR EXPORTS, INC. Principal Place of Business Mailing Address 1991 INDUSTRIAL DRIVE DELAND FL 32724 1991 INDUSTRIAL DRIVE DELAND FL 32724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) SC OLD Applied For 4. FEI Number 59-3271330 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required U5 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMIN, MUKESH B Street Address (P.O. Box Number is Not Acceptable) 1991 INDUSTRIAL DRIVE DELAND FL 32724 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PΩ Change Addition ☐ Delete TITLE TITLE AMIN, MUKESH B NAME NAME 671 EAST LEHIGH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELTONA FL 32738** CITY-ST-ZIP VP D TITLE ☐ Change ☐ Addition ☐ Defete TITLE PATEL, ARUN NAME NAME 5 LITTLETON ROAD STREET ADDRESS STREET ADDRESS SUDBURY MIDDLESEX MX HA13S-X CITY-ST-ZIP CITY-ST-ZIE Addition TITLE ☐ Defete TITLE ☐ Change MAME NAME AMIN, MUKESH B STREET ADDRESS 671 EA ST LEHIGH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32738** ☐ Delete ☐ Change Addition TITLE TITLE AMIN, MUKESH B NAME 671 EAST LEHIGH DRIVE STREET ADDRESS STREET ADDRESS **DELTONA FL 32738** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition PATEL, ARUN NAME NAME **5 LITTLETON ROAD** STREET ADDRESS STREET ADDRESS SUDBURY MIDDLESEX MX HA13S-X CfTY-ST-7IP CITY-ST-7(P ☐ Addition TITLE ☐ Delete TITLE ☐ Change PATEL, ARUN NAME NAME STREET ADDRESS 5 LITTLETON ROAD STREET ADDRESS SUDBURY MIDDLESEX MX HA13S-X CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 this pee 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