FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DIVISION OF CORPORATIONS

ANNUAL REPORT Secretary of State 1997

FILED Feb 18 1997 8:00am Secretary of State

	MENT # P94000 DRE ENTERPRISES, INC.	089037 (3)							
Principal Place of Business Mailing Address						A TREATERN THE FRUIT DEBUT KRAIN BRING RAIL			
801 N. CONGR	500 S. OCEAN BLVD.								
APT. 905 APT. 905 BOYNTON BEACH FL 33426 BOCA RATON FL 33432⊀			.eoca.						
US US	100 FE 33420	DOOR TINTON TE WAVE	QE31			3. Date Incorporated or Qualified 12/07/1994	3a. Date of 02/06/1		eport
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For		
21		26			65-0540967	······································	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7		Additional
22		27						Fee Re	·
City & State	e	City & State	28			6. Election Campaign Financing		5 5.00 Added t	May Be
Zip	Country	Zip	Cour	ntry		Trust Fund Contribution P This corporation has liability for it			
24			30	•		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curren					10. Name and Address of New Re	glatered Agen	t	
CRE	EATORE, LUIGI			81 Na	me				
500 S. OCEAN BLVD.				82 Str	eet Addre	ess (P.O. Box Number is Not Acceptab	ile)		
APT. 905						- A-W-*			
BOO	CA RATON FL 33432			83					
				84 Cit	у		FL 85	Zip (Code
ala Durouppt	to the provisions of Costions 607.0500	2 and 607 1609 Florida State	utac the ab	OVO-D25	and corn	profiles exhaust this statement for the p		nging it	e registered
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered agent	tions of, Section 607.0505, F	riorida Stati	iles.		oration submits this statement for the pon's board of directors. I hereby accept when reinstating)	ot the appointm	ient as	registered
12.	OFFICERS AND		13.	3		ADDITIONS/CHANGES TO OFFIC		ECTOR	S IN 12
TITLE	D	DELETE	1.1 T(T	1.1 TITLE				Change	Addition
NAME	CREATORE, LUIGI		1.2 NA	ME					
STREET ADDRESS	500 S. OCEAN BLVD. APT. 909	5	1.3 STI	REET ADDR	ESS				
CITY - ST - ZIP	BOCA RATON FL 33432	L DELETE	1.4 CITY-ST-ZIP					Change	☐ Addition
TITLE	D Creatore, victor P	☐ DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS				nange	L Addition
NAME STREET ADDRESS	9237 CARMA DRIVE								
CITY-ST-ZIP	BOYNTON BEACH FL 33437		2. 4 CITY-ST-ZIP						
TITLE		DELETE	_	3.1 TITLE				Change	Addition
NAME			3.2 NA	3.2 NAME					
STREET ADDRESS			3.3 ST	REET ADOR	ESS				
CITY - ST - ZIP			3.4 CI	3.4 CITY-ST-ZIP					
TITLE	☐ DELETE			4.1 TITLE			□(Change	Addition
NAME			4. 2 NA						•
STREET ADDRESS				REET ADDR	ESS				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CIT 5.1 TIT	Y-ST-ZIP	-		П	Change	Addition
NAME			5.1 III 5.2 NA				L'		
STREET ADDRESS				reet addr	ESS				
CITY-ST-ZIP				Y-ST-ZIP					ĺ
TITLE		DELETE	6.1 TIT					Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 STI	REET ADDR	ESS				
CITY - ST - ZIP			6.4 CIT	Y - ST - ZIP					

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that is 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 12 or Block 13 if changed, or on an attachment with an address.

3/10/07 (51) 2/0-001/