2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 02, 2004 8:00 am Secretary of State

## Address of Bustines ## Address Against Aga	DOCUI 1. Entity Name DRAMIS	MENT # P95000006	821 Fig. 1 (1) Sec. 1		09-02-2004 90072 011 ***150.00	
Sulfo, Apr. 8, etc. Sulfo, Apr. 8, etc. Sulfo, Apr. 8, etc. Sulfo, Apr. 8, etc. O772004 Ohg.P GREEGA (10083) Applied For	4604 BUSTI	DR	4604 BUSTI DR	US	54071440	
Solle, Appl. e, etc. City & State City & State City & State A. FEI Number A. FEI Nu	·		3. Mailing Address			
Zip Country Zip Country S. Countr			Suite, Apt. #, etc.		07072004 Chg-P CR2E034 (10/03)	
Source Country Supplement	City & State	B	City & State			
RAMIS, MICHAELY STARASOTA, FL 34232 6. The short parties of perturbation of registered Agent process of changing its registered diffice or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the prior notice. CIVIS DRAMIS	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional	
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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