


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90014 013 \*\*\*158.75

<b>DOCUMENT # P95000044445</b>	
1. Entity Name CHEM DRILL, INC.	

Principal Place of Business 4182 S UNIVERSITY DRIVE DAVIE, FL 33328-3006 US	Mailing Address 4182 S UNIVERSITY DRIVE DAVIE, FL 33328-3006 US
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2. Principal Place of Business <i>Same</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Davie FL</i>	City & State
Zip <i>33328</i>	Country <i>USA</i>
Zip <i>33328</i>	Country <i>USA</i>



03012004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0589419	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MAGISTRO, CHARLES E 4182 S UNIVERSITY DRIVE DAVIE, FL 33328	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>Same</i> City <b>FL</b> 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 <i>Charles Magistro</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>3-12-04</i>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGISTRO, CHARLES E 4182 S UNIVERSITY DRIVE DAVIE, FL 333283006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAGAN, ISMAEL 4182 S UNIVERSITY DRIVE DAVIE, FL 333283006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAGISTRO, SANDRA 4182 S UNIVERSITY DR DAVIE, FL 333283006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 <i>Charles Magistro</i>	Date <i>3-12-04</i>	Daytime Phone # <i>904-742-5945</i>
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*no change Delete Sandra*