


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91492 005 ***160.00

DOCUMENT # *P96000022591*

1. Entity Name
DROFFIC INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6745 NW 2CT
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 0337
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami FL

City & State
Miami FL

Zip
33150

Country
Miami Dade

Zip
33168

Country
Miami Dade

4. FEI Number
65-0656488

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Clifford MURPH SR

Street Address (P.O. Box Number is Not Acceptable)
11231 NW 22 AVE

City
Miami

FL Zip Code
33167

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 *(Droffic Inc) Clifford MURPH SR. (Pres)*

(NOTE: Registered Agent signature required when reinstating)

DATE *4/23/03*

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>PRESIDENT CLIFFORD MURPH SR. 11231 NW 22 AV Miami FL 33167</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Clifford MURPH SR. (President)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/23/03*

Daytime Phone # *305-769-8950*

CR2E034B (12/02)