


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000021108**  
 1. Entry Name  
**DREXEL-MMES, INC.**



Principal Place of Business Mailing Address  
**ONE CENTURY LANE ONE CENTURY LANE**  
**STE609 STE609**  
**MIAMI FL 33139 MIAMI FL 33139**  
**US US**



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E034 (10/04)  
 4. FEI Number **67-0738811** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PRAHL, JOHN T**  
**2801 PONCE DE LEON BLVD**  
**#1155**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**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          | P                    | <input type="checkbox"/> Delete |
| NAME           | SCHUSTER, MONIKA M   |                                 |
| STREET ADDRESS | 1 CENTURY LN 609     |                                 |
| CITY-ST-ZIP    | MIAMI BEACH FL 33139 |                                 |
| TITLE          | VP                   | <input type="checkbox"/> Delete |
| NAME           | SCHUSTER, ERIKA      |                                 |
| STREET ADDRESS | 1 CENTURY LANE #609  |                                 |
| CITY-ST-ZIP    | MIAMI BEACH FL 33139 |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |   |
|----------------|---------------------------|---|
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-ST-ZIP    |                           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS | U00000366745              |   |
| CITY-ST-ZIP    | 05/16/05-80004-022 150.00 |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-ST-ZIP    |                           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-ST-ZIP    |                           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-ST-ZIP    |                           |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:** \_\_\_\_\_ **4-30-05**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #