2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9900054828

1. Entity Name DRAYLIG, INC.



Principal Place of Business

3725 GRAND AVENUE MIAMI, FL 33133

Mailing Address

3300 N. 29TH AVE. STE 102 HOLLYWOOD, FL 33020 FILED Feb 19, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02092007 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0931372 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HACKER, GARY 3300 N. 29TH AVE. HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

				IN I	INIS SPACE	
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	registered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILYARD, HENRY 3300 N 29 AVE STE 102 HOLLYWOOD, FL 33020				U00000640657	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			02/28/07-80075-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	DO NOT WRITE	
IITLE NAME STREET ADDRESS CITY+ST-ZIP				IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,	
TITLE					•	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 record 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 armore supplemental report is true and accurate and the exemptions contained in Chapter 119. 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 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 armore appears in Block 10 or Block 11 if the corporation of the corporation or trustee empowered to report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation or the receiver of the corporation of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation or the corporation or the corporation of the corporation or the corporation or the corporation of the corporation or the corporation or the corporation of the corporation or the co

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

HENRY GILYARD, PRES. 2/12/07

(954)922-2207

NATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #