
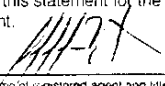
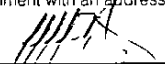


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90252 042 ***150.00

DOCUMENT # P99000080422 1. Entity Name DROCARAS INTERNATIONAL, INC.					
Principal Place of Business 11216 NW 47TH LN DORAL, FL 33178			Mailing Address 11216 NW 47TH LN DORAL, FL 33178		
2. Principal Place of Business - No P.O. Box # 600 GRAPETREE DRIVE		3. Mailing Address 600 GRAPETREE DRIVE			
Suite, Apt. #, etc. # 5AS		Suite, Apt. #, etc. # 5AS			
City & State KEY BISCAYNE, FL		City & State KEY BISCAYNE, FL		4. FEI Number 65-0952115	
Zip 33149		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALAME, CARLOS E 11216 NW 47TH LN DORAL, FL 33172			7. Name and Address of New Registered Agent Name CARLOS SALAME Street Address (P.O. Box Number is Not Acceptable) 600 GRAPETREE DRIVE # 5AS City KEY BISCAYNE FL Zip Code 33149		
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  CARLOS SALAME DATE 05/01/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SALAME, CARLOS 11216 NW 47TH LN DORAL, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARLOS SALAME 600 GRAPETREE DRIVE, # 5AS KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SALAME, CARLOS 11216 NW 47TH LN DORAL, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARLOS SALAME 600 GRAPETREE DRIVE, # 5AS KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SALAME, CARLOS 11216 NW 47TH LN DORAL, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARLOS SALAME 600 GRAPETREE DRIVE, # 5AS KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SALAME, CARLOS 11216 NW 47TH LN DORAL, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARLOS SALAME 600 GRAPETREE DRIVE, # 5AS KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete			
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 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:  CARLOS SALAME DATE 05/01/08 (756) 319-1242 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					