2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 10, 2005 08:00 AM DOCUMENT # P99000101412 Secretary of State 1. Entity Name DREW P. INC. Principal Place of Business Mailing Address 2200 NE 52ND STREET FORT LAUDERDALE FL 33308 2200 NE 52ND STREET FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0968788 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLACKE, LAWRENCE E Street Address (P.O. Box Number is Not Acceptable) 3326 N.É. 33RD STREET FT. LAUDERDALE FL 33308 City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE **PSTD** Delete THEF ☐ Change Addition NAME PELSKI, ANDREW R NAME U000000223177 2200 NE 52ND STREET STREET ADDRESS STREET ADDRESS 02/10/05-80034-010 150.00 CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREELAODRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete HHE Change ☐ Addition NAME KAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI- ZIP DIE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete IJij Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mil HILL Delete Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIF 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 an either like empowered.