


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 759692**

1. Entity Name  
**DANIANS SOUTH MANAGEMENT FOUR, INC.**



Principal Place of Business <b>505 EAST DANIA BEACH BLDG 4          DANIA, FL 33004 US</b>	Mailing Address <b>505 EAST DANIA BEACH          BLDG #4 APT 3A          DANIA, FL 33004 US</b>
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07012005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2136084</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent

**STRALEY, STEPHEN J P.A.  
 3990 SHERIDAN STREET, SUITE 109  
 HOLLYWOOD, FL 33021**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by September 7, 2005**

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	PD BROWN, ARNOLD 505 E DANIA BCH BLVD APT 3A BLDG #4 DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STERANKO, MARY APT 2-L BLDG #4 505 E DANIA BCH BLVD DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, IRENE W 505 EAST DANIA BCH BLVD #4-3 DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

00000373956  
 07/22/05-80003-017 \$1.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:** *Arnold Brown* **7/18/05** **934-921-0308**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #