


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000030807

1. Entity Name
 DANAND ENTERPRISES, INC.



Principal Place of Business Mailing Address

4303 DIAMOND POINTE LANE 4303 DIAMOND POINTE LANE
 WESTON, FL 33331 WESTON, FL 33331

DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 30-0069310 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONASTERIO, WALTER
 4303 DIAMOND POINTE LANE
 WESTON, FL 33331

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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: _____ DATE: _____
(Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when replacing))

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MONASTERIO, BARBARA J
STREET ADDRESS	4303 DIAMOND POINTE LANE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331
TITLE	V
NAME	MONASTERIO, WALTER
STREET ADDRESS	4303 DIAMOND POINTE LANE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331
TITLE	S
NAME	MONASTERIO, BARBARA J
STREET ADDRESS	4303 DIAMOND POINTE LANE
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/18/05-80112-003 150.00

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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 a 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: _____ DATE: 4/12/05 DAYTIME PHONE #: 954-663-2767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR