2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # P94000066294

1. Entity Name

DANIELLE AUTO CENTER INC.

Principal Place of Business

1401 NE 123 ST N MIAMI, FL 33161 Mailing Address

1401 NE 123 ST N MIAMI, FL 33161

FILED Apr 02, 2004 08:00 AM Secretary of State



03302004

No Cha-P

CR2E034 (10/03)

4. FEI Number 65-0527144 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAPAPPORT, ZIV 1401 NE 123 ST N MIAMI, FL 33161

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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 Signature, typed or printed name of registered agent and title if applicable. (IYOTE, Registered Agent signature required when reinstating) DATE					
Signature, types of printed name or registered agent and bile is applicable. [IV-O1E, Hogistimed Agent agreed when reinstating) DATE					
FILE NOWIII FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00		 Election Campaign Finance Trust Fund Contribution. 	ing	\$5.00 May Be Added to Fees	U00000101786 04/02/04-80027-020 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAPAPPORT, ZIV 1401 NE 123 ST N MIAMI, FL 33161				
TITLE NAME STREET ADDRESS CITY+S1+ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, Tfurther 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:

CITY-ST-ZIP

NAME STREET ADDRESS CHY-SI-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/64 305-8990502