
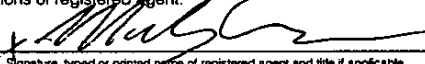



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90076 011 \*\*\*150.00

DOCUMENT # P94000074685			
1. Entity Name DANMARCO, INC.			
Principal Place of Business 9501 S.W. 124 TERRACE MIAMI, FL 33176		Mailing Address 9501 S.W. 124 TERRACE MIAMI, FL 33176	
2. Principal Place of Business 3400 NE 192ND STREET		3. Mailing Address 3400 NE 192ND STREET	
Suite, Apt. #, etc. 2105		Suite, Apt. #, etc. 2105	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33180 Country		Zip 33180 Country	
6. Name and Address of Current Registered Agent SROUR, JACOB 9501 S.W. 124 TERRACE MIAMI, FL 33176		7. Name and Address of New Registered Agent Name: SROUR, MARK Street Address (P.O. Box Number is Not Acceptable): 3400 NE 192ND STREET APT 2105 City: Aventura FL Zip Code: 33180	
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:  MARK SROUR DATE: 03/06/06 <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, 2006 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: D <input type="checkbox"/> Delete NAME: SROUR, JACOB STREET ADDRESS: 9501 S.W. 124 TERRACE CITY-ST-ZIP: MIAMI, FL	TITLE: VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: SROUR, JACOB STREET ADDRESS: 3400 NE 192ND STREET # 2105 CITY-ST-ZIP: AVENTURA, FL 33180	TITLE: D <input type="checkbox"/> Delete NAME: SROUR, BEATRIZ STREET ADDRESS: 9501 S.W. 124 TERRACE CITY-ST-ZIP: MIAMI, FL	TITLE: PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: SROUR, BEATRIZ STREET ADDRESS: 3400 NE 192ND STREET # 2105 CITY-ST-ZIP: AVENTURA, FL 33180
TITLE: D <input type="checkbox"/> Delete NAME: SROUR, MARK STREET ADDRESS: 9501 SW 124 TERR CITY-ST-ZIP: MIAMI, FL 33176	TITLE: PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: SROUR, MARK STREET ADDRESS: 3400 NE 192ND STREET # 2105 CITY-ST-ZIP: AVENTURA, FL 33180	TITLE: D <input type="checkbox"/> Delete NAME: SROUR, DANIEL STREET ADDRESS: 9501 SW 124 TERR CITY-ST-ZIP: MIAMI, FL 33176	TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: SROUR, DANIEL STREET ADDRESS: 3400 NE 192ND STREET # 2105 CITY-ST-ZIP: AVENTURA, FL 33180
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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:  MARK SROUR		Date: 03/06/06 Daytime Phone #:	

40029716



03062006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0537954 Applied For Not Applicable

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