


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000074685

1. Entity Name
DANMARCO, INC.



Principal Place of Business 3400 NE 192ND ST APT 2105 AVENTURA, FL 33180	Mailing Address 3400 NE 192ND ST APT 2105 AVENTURA, FL 33180
--	--



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0537954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SROUR, JACOB
 3400 NE 192ND ST
 APT 2105
 AVENTURA, FL 33180**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000780716 01/15/08-80007-001 150.00
--	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SROUR, JACOB 3400 NE 192ND ST APT 2105 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SROUR, BEATRIZ 3400 NE 192N ST APT 2105 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SROUR, MARK 3400 NE 192ND ST APT 2105 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SROUR, DANIEL 3400 NE 192ND ST APT 2105 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 President 1-9-08 305710-2019**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #