

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000104468

1. Entity Name
DONNA, INC.



Principal Place of Business
**2250 NORTH WEST 136 AVENUE
SUITE 100
PEMBROKE PINES, FL 33028**

Mailing Address
**2250 NORTH WEST 136 AVENUE
SUITE 100
PEMBROKE PINES, FL 33028**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0885147

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOROTA, ALAN M
2250 NORTH WEST 136 AVENUE
SUITE # 100
PEMBROKE PINES, FL 33028**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTD
SUSINI, VIRGINIE F
2250 NORTH WEST 136TH AVE, # 100
PEMBROKE PINES, FL 33028**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
SOROTA, ALAN M
2250 NW 136TH AVE, STE 100
PEMBROKE PINES, FL 33028**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
FIANSON, SOPHIE
2250 NW 136TH AVE, STE 100
PEMBROKE PINES, FL 33028**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

100000186282
01/21/05-80050-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #