


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 15, 2006 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**

DO NOT WRITE IN THIS SPACE



03032006 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	SUSINI, VIRGINIE F
STREET ADDRESS	2250 NORTH WEST 136TH AVE, # 100
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	S
NAME	SOROTA, ALAN M
STREET ADDRESS	2250 NW 136TH AVE, STE 100
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	P
NAME	FIANSON, SOPHIE
STREET ADDRESS	2250 NW 136TH AVE, STE 100
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

U00000468272
03/24/06-80024-013 150.00

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 employees.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/06