

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90017 008 ***158.75

DOCUMENT # 623482

1. Entity Name
4126 INC.



Principal Place of Business
**4343 S. STATE RD. 7
SUITE 115
FT. LAUDERDALE FL 33314**

Mailing Address
**4343 S. STATE RD. 7
SUITE 115
FT. LAUDERDALE FL 33314**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1924319**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANIELLE, JOSEPH
4126 SW 47 AVE.
DAVIE FL 33314**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Joseph Danielle

2/28/07

(Signature, typed or printed name of registered agent and title, applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DANIELLE, JOSEPH	
STREET ADDRESS	4343 S. STATE ROAD 7	
CITY, ST, ZIP	DAVIE FL 33314	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DANIELLE, LINDA	
STREET ADDRESS	4343 S. STATE ROAD 7	
CITY, ST, ZIP	DAVIE FL 33314	
TITLE	T	<input type="checkbox"/> Delete
NAME	DANIELLE, MICHAEL	
STREET ADDRESS	4343 S. STATE ROAD 7	
CITY, ST, ZIP	DAVIE FL 33314	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DANIELLE, SR., MICHAEL	
STREET ADDRESS	4343 S. STATE ROAD 7	
CITY, ST, ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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:

Joseph Danielle

2/28/07 (954) 316 755-7

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #