


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 8:00 am
Secretary of State

02-27-2008 90014 049 ***150.00

DOCUMENT # 656667 1. Entity Name DANIA FARMS, INC.	
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Principal Place of Business 704 NO.FEDERAL HIGHWAY DANIA, FL 33004	Mailing Address 704 NO.FEDERAL HIGHWAY DANIA, FL 33004
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66004606



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2051361	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COAN, JOHN 704 NORTH FEDERAL HIGHWAY DANIA, FL 33004
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**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PD SHAW, E. CLAY, JR. 704 N FEDERAL HWY DANIA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SHAW, JOHN L 704 N FEDERAL HWY DANIA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COAN, JOHN R. 704 N. FEDERAL HWY DANIA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08 **954.**
Date Daytime Phone #