2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F84296

1. Entity Name
DANRON MANAGEMENT INC.

Principal Place of Business	Mailing Address
2121 N.W. 139TH STREET BAY #1 OPA LOCKA, FL 33054 US	2121 N.W. 139TH STREET BAY #1 OPA LOCKA, FL 33054 US

DO NOT WRITE IN THIS SPACE

01252006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2194958	Not Applicable

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

6. Name and Address of Current Registered Agent

GAVSIE, RONALD
2121 N.W. 139TH STREET
BAY #1
OPA LOCKA, FL 33054

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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, 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	PTD
NAME	HANDLER, DAN
STREET ADDRESS	5670 CORPORATE WAY
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	VSD
NAME	GAVSIE, RONALD
STREET ADDRESS	2121 NW 139TH ST
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80039-008 150.00

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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: Ronald Gavsie   1/26/06   305-687-6080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #