
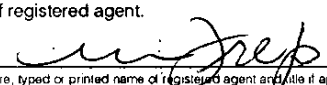
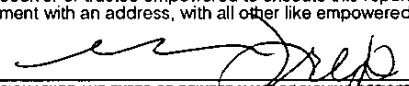


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90272 019 ***150.00

DOCUMENT # F85235 1. Entity Name DANEX CORP.					
Principal Place of Business 7875 NW 12TH ST. #104 MIAMI FL 33126				Mailing Address 7875 NW 12TH ST. #104 MIAMI FL 33126	
2. Principal Place of Business 4836 S.W. 8 ST. Suite, Apt. #, etc. CORAL GABLES, FL. City & State		3. Mailing Address 9737 N.W. 41 ST. Suite, Apt. #, etc. #320 City & State DORAL, FL		1st MOORE CR2E034 (10/04)	
Zip 33134 Country DADE		Zip 33178 Country DADE			
4. FEI Number 59-2214236					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KREPS, LEO 7875 NW 12TH ST. #104 MIAMI FL 33126				7. Name and Address of New Registered Agent Name LEO KREPS Street Address (P.O. Box Number is Not Acceptable) 9737 N.W. 41 ST. #320 DORAL, FL 33178 City DORAL FL Zip Code 33178	
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  DATE 4/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KREPS, LEO 7875 NW 12 ST. #104 MIAMI FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD VALDES, PURA 7875 NW 12 ST. #104 MIAMI FL-	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:  4/11/05 (305) 442-4141 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					