

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90021 048 ***150.00

DOCUMENT # K06184

1. Entity Name
DANFE DEVELOPMENT CORPORATION



Principal Place of Business
~~% FELIX J SANCHEZ~~
2290 W. 1ST AVE
HIALEAH, FL 33010-2202

Mailing Address
~~% FELIX J SANCHEZ~~
2290 W. 1ST AVE
HIALEAH, FL 33010-2202

44016000



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0066378

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ, FELIX
2290 W. 1ST AVE
HIALEAH, FL 33010

**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

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, 2004 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
PSTD
SANCHEZ, FELIX
2290 W. 1ST AVE
HIALEAH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SANCHEZ, FELIZ J.
2290 W. 1ST AVE
HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SANCHEZ, MIRAYA
2290 W-1ST AVE
HIALEAH, FL 33010

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3/4/04

Date

Daytime Phone #