

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009873

FILED
Apr 03, 2007
Secretary of State

Entity Name: DANIEL'S OVERSEAS EXPRESS, LLC

Current Principal Place of Business:

2198 MAIN STREET
SARASOTA, FL 34237

New Principal Place of Business:

1951 ATLANTIC SHORES BLVD
SUITE 24
HALLENDALE BEACH, FL 33009

Current Mailing Address:

2198 MAIN STREET
SARASOTA, FL 34237

New Mailing Address:

PO BOX 170
DAVIE, FL 33314

FEI Number: 20-4261737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETER J. JAENSCH IMMIGRATION LAW FIRM, P.A
2198 MAIN STREET
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PETRY, ROLAND
Address: TOBIAS MAURER STR 10
City-St-Zip: AUGSBURG, GERMANY, GE 86154 GE

Title: MGRM () Delete
Name: PETRY, EWALD JOSEF
Address: TOBIAS MAURER STR 10
City-St-Zip: AUGSBURG, GERMANY, GE 86154 GE

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PETRY, ROLAND
Address: 5935 SW 58 COURT
City-St-Zip: DAVIE, FL 33314 US

Title: MGRM (X) Change () Addition
Name: PETRY, EWALD JOSEF
Address: 5935 SW 58 COURT
City-St-Zip: DAVIE, FL 33314 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROLAND PETRY

MGRM

04/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date