


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # M50423 1. Entity Name DAN - AM ENTERPRISES, INC.	
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Principal Place of Business 6765 AZALEA DRIVE MIRAMAR, FL 33023	Mailing Address 6765 AZALEA DRIVE MIRAMAR, FL 33023
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DO NOT WRITE IN THIS SPACE



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2475036	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, JOHNSON E 9701 BISCAYNE BLVD. MIAMI SHORES, FL 33138

**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 retabbing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000156297 05/05/04-80072-011 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MUNK-MADSEN, POUL 6765 AZALEA DRIVE MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MUNK-MADSEN, MAXINE 6765 AZALEA DRIVE MIRAMAR, FL 33023
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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: *Poul Munk-Madsen* **POUL MUNK-MADSEN** 4/22-2004 (954) 963-0460
SIGNATURE AND TYPE OF PERSON SIGNING OFFICER OR DIRECTOR Date Daytime Phone #