


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90158 029 \*\*\*150.00

**DOCUMENT # P0000068213**

1. Entity Name  
**DANCEA PROPERTIES 2, INC.**



Principal Place of Business Mailing Address  
**9100 S. DADELAND BLVD.** **P.O. BOX 490883**  
**SUITE 1500** **KEY BISCAYNE, FL 33149 US**  
**MIAMI, FL 33156 US**

60032100



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**6646 North Monticello**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04232008 Chg-P CR2E034 (12/06)

City & State City & State  
**Lincolnwood, Illinois**  
 Zip Country Zip Country  
**60712 USA**

4. FEI Number Applied For  
**NOT APPLICABLE** Not Applicable

6. Certificate of Status Desired  \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  
**ALBAN, JUAN F P.A.**  
**9100 S. DADELAND BLVD.**  
**SUITE 1500**  
**MIAMI, FL 33156**

7. Name and Address of New Registered Agent  
 Name **Juan F. Alban P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**150 SE 2nd Avenue**  
**Suite 900**  
 City **Miami** FL Zip Code **33131**

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 *Juan F. Alban* DATE **23 Apr 2008**  
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	DPS DANCEA, GEORGE 9100 S. DADELAND BLVD., SUITE 1500 MIAMI, FL 33156	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Dancea, George 6646 North Monticello Lincolnwood, IL 60712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *George Dancea* Date **305-632-7939**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #