


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000068263 1. Entity Name DANIEL SANCHEZ, INC.	
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Principal Place of Business 13520 UNIVERSITY PLAZA TAMPA, FL 33612	Mailing Address 13520 UNIVERSITY PLAZA TAMPA, FL 33612
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DO NOT WRITE IN THIS SPACE



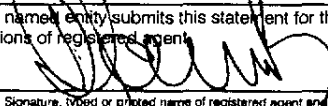
05032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3660568	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SANCHEZ, DANIEL
13520 UNIVERSITY PLAZA
TAMPA, FL 33613**

**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  **DANIEL SANCHEZ** DATE _____
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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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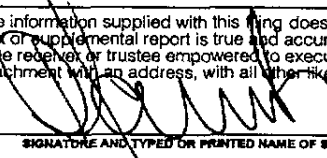
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD SANCHEZ, DANIEL 13520 UNIVERSITY PLAZA TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD URRERA, MYRIAM 13520 UNIVERSITY PLAZA TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

U00000582910
05/19/06-80073-021 150.00

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:  **DANIEL SANCHEZ** Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR