


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90036 039 \*\*\*150.00

**DOCUMENT # P0000069647**

1. Entity Name  
**DANATRADE, INC.**



Principal Place of Business  
**747 PONCE DE LEON BLVD.**  
**SUITE 317**  
**CORAL GABLES, FL 33134**

Mailing Address  
**717 PONCE DE LEON BLVD.**  
**SUITE 317**  
**CORAL GABLES, FL 33134**

2. Principal Place of Business - No P.O. Box #  
**MIGUEL M. GONZALEZ, P.A.**

3. Mailing Address  
**MIGUEL M. GONZALEZ, P.A.**

Suite, Apt. #, etc.  
**525 N.W. 27th Avenue, Ste. 105A**

Suite, Apt. #, etc.  
**525 N.W. 27th Avenue, Ste. 105A**

City & State  
**Miami, FL 33125 105A**

City & State  
**Miami, FL 33125 105A**

Zip  
**Miami-Dade**

Country  
**Miami-Dade**

Zip  
**Miami-Dade**

Country  
**Miami-Dade**

01162007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-1071515**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GONZALEZ, MIGUEL M ESQ.**  
**747 PONCE DE LEON BLVD.**  
**SUITE 317**  
**CORAL GABLES, FL 33134**

**7. Name and Address of New Registered Agent**

Name  
**GONZALEZ, MIGUEL M ESQ.**

Street Address (P.O. Box Number is Not Acceptable)  
**525 N.W. 27th Avenue, Suite 105A**

Miami, FL 33125

City **FL** Zip Code

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 \_\_\_\_\_ 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 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	ALONSO, JOSE	
STREET ADDRESS	7205 NW 68TH STREET, BAY 13	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALGAARD, JORGEN O	
STREET ADDRESS	7205 NW 68TH STREET, BAY 13	
CITY-ST-ZIP	MIAMI, FL-33166	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NIELSEN, OLE B	
STREET ADDRESS	7205 NW 68TH STREET, BAY 13	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **JOSE ALONSO** 1-29-2007 305-649-0030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

60026286

