L Entry Name DANIELI, INC.  Mining Address 901 PONCE DE LEON BLUD SUITE 501 CORAL GABLES, FL 33134  Mining Address 901 PONCE DE LEON BLUD SUITE 501 CORAL GABLES, FL 33134  U1202005 No Chg-P CR2E094 (10/03)  CR2E094 (10/03) CR2E094 (10	FILED Jan 24, 2005 08:00 AN	2005 FOR PROFIT CORPORATION ANNUAL REPORT					
BOILT FORKED DE LEON BLVD SUITE 501 CORAL GABLES, FL 33134       901 POWED DE LEON BLVD SUITE 501 CORAL GABLES, FL 33134         DO NOT WRITE IN THIS SPACE       1020205 No Chg-P       CR2E034 (10/3)         1202005 No Chg-P       CR2E034 (10/3)         6. Name and Address of Current Registered Agent       1020205 No Chg-P       CR2E034 (10/3)         18. The above named entity, submits this statements for the purpose of changing its registered agent, or both. In the State of Borda. 1 am fomiliar with, ar the obligatione of registered agent.       DO NOT WRITE in theiliar with ar the obligatione of registered agent.         1800-NUTURE       501 PONCE DE LEON BLVD SUITE 501       DO NOT WRITE in theiliar with ar the obligatione of registered agent.         1800-NUTURE       500 NOT WRITE 101       1017       1017         500 NOT WRITE IN THIS SPACE       DO NOT WRITE 101       017         1800-NUTURE       1017       1017       1017         1800-NUTURE       1017       1017       1017         500 Not WRITE IN THIS SPACE       1017       1017       1017         500 Not WRITE 501       1017       1017       1017       1017         500 Not WRITE 101       900 NOT WRITE 101       017       1017       1017         500 Not WRITE 102       1017       1017       1017       1017       1017         500 Not WRITE 102	Secretary of State		1e _			Entity Name	
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IRIONDO. ANDRES J Soft PONCE DE LEON BLVD SUITE 501 CORAL GABLES, FL 33134	IS No Chg-P CR2E034 (10/03) Ther Applied For 035950 Not Applicable ate of Status Desired S8.75 Additional	01202005 4. FEI Number 65-10359	CE	THIS SP	ITE IN	NOT WRI	DO
IN THIS SPACE IN		<u></u>		ed Agent	Current Register	ame and Address of Cu	6.
the obligations of registered agent.  SIGNATURE  Signa.cs. (noted for finded agent and Ole 3 expectation  NOTE. Registered Agent agent and Ole 3 expectation  Ref LE NOWILI FEE IS \$150.00  After Miles 1, 2005 Fee will be \$550.00  OFFICERS AND DIFECTORS  I. Election Campaign Financing  DPST TORANO, MARIA T TORANO, MARIA T TORANO, MARIA T TORANO, MARIA T TORANO, RAUL SREET ADDRSS 345 HARBOR LANE TORANO, RAUL SREET ADDRSS 345 HARBOR LANE TORANO, RAUL SREET ADDRSS AGENT DO NOT WRITE IN  Mule MARE SREET ADDRSS SIT 51-2P  THE MARE SREET ADDRSS SIT 51-2P					E 501	LEON BLVD SUITE	01 PONCE DI
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$55.00       9. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees         100       OFFICERS AND DIRECTORS       Image: Contribution       Image: Contribution         101       DPST       Image: Contribution       Image: Contribution         102       OFFICERS AND DIRECTORS       Image: Contribution       Image: Contribution         103       DPST       TORANO, MARIA T       Image: Contribution       Image: Contribution         103       DAS HARBOR LANE       Image: Contribution       Image: Contribution       Image: Contribution         104       D       TORANO, RAUL       Image: Contribution       Image: Contribution       Image: Contribution         105       D       TORANO, RAUL       Image: Contribution       Image: Contribution       Image: Contribution       Image: Contribution       Image: Contribution         101       D       Control Image: Contribution       Image: Contribution       Image: Contribution       Image: Contribution       Image: Contribution       Image: Contribution         101       D       D       Contribution       Image:						egistered agent.	the obligations o
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2. I hereby certify that the information supplied with this filing foces pot quelity for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information stated in Section 119.07(3)(1), Florida Statutes.		2. •					AME TREET ADDRESS
12. I hereby certify that the information supplied with this filling obes for quelify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplemental report is true and sectirate and that my signature shall have the same legal effect as if made under oath; that I am an officer or of the corporation or the recover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or E changed, or on an attachment with an address, with all other like empowered.			emption stated in ature shall have lired by Chapter	o does not qualify for the e accurate and that my sig execute this report as re- ther like empowered	lied with this filing report is true and ee empowered to Idress, with all ot	at the information supplie eport or supplemental re- or the receiver or trustee attachment with an add	<ol> <li>I hereby certify indicated on th of the corporati changed, or or</li> </ol>
SIGNATURE SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-20-05 305-4450611 Date Daytime Phone #	/		RAX	P/du	part	SIGNATUR