

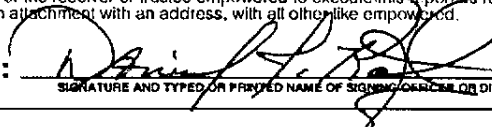


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000047333				
1. Entity Name THE DANIEL & CAROL CORPORATION				
Principal Place of Business 4740 S.W. 74TH TERRACE DAVIE, FL 33314		Mailing Address 4740 S.W. 74TH TERRACE DAVIE, FL 33314		
DO NOT WRITE IN THIS SPACE				
		 04212004 No Chg-P CR2E034 (10/03)		
		4. FEI Number 65-1107340	Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
5. Name and Address of Current Registered Agent BARR, BRUCE E ESQ. 5121 S.W. 90TH AVENUE, SUITE 3 COOPER CITY, FL 33328		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small> DATE _____				
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		
10. OFFICERS AND DIRECTORS		<div>U000000133982</div> <div>04/28/04-800001-012 150.00</div> DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, DANIEL J 4740 S.W. 74TH TERRACE DAVIE, FL 33314			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, CAROL ANN 4740 S.W. 74TH TERRACE DAVIE, FL 33314			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		4-24-04 954-792-7040		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		