

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2008 90158 030 \*\*\*150.00

**DOCUMENT # P01000088501**

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



Principal Place of Business  
**9100 S. DADELAND BLVD.  
SUITE 1500  
MIAMI, FL 33156 US**

Mailing Address  
**P.O. BOX 490883  
KEY BISCAYNE, FL 33149 US**

**60032195**



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

3. Mailing Address  
Suite, Apt. #, etc.

04232008 Chg-P CR2E034 (12/06)

City & State  
**Lincolnwood, Illinois**

City & State

4. FEI Number  
**65-1012473**

Applied For  
Not Applicable

Zip  
**60712**

Country  
**USA**

Zip

Country

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALBAN, JUAN F P.A.  
9100 S. DADELAND BLVD.  
SUITE 1500  
MIAMI, FL 33156**

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*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**23 Apr 2008**  
DATE

**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. BISCAYNE BLVD., SUITE 1500  
MIAMI, FL 33156** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**305-632-7939**

Date

Daytime Phone #