FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90080 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000090607

1. Entity Name

Donan Corporation

400070360

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
1024 W. Oakland Park Blvd.	1024 W. Oakland Park Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc	
City & State: Wilton Manors	City & State: Wilton Manors	4. FEI Number: 65-1148698 — Applied For / Not Applicable
Zip: 33311 — Country: FI	Zip: 33311 — Country: FI	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: 1024 W. Oakland Park Blvd.

Street Address (P.O. Box Number is Not Acceptable)

City: ~~1024 W. Oakland Park Blvd.~~ Wilton Manors FL Zip Code 33311

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 _____ (Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when applicable) DATE

January 1 - May 1: Fee Is $150.00
After May 1: Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Florida Department of State

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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
Donan,Mirian Y /PD 1024 W. Oakland Park Blvd. Wilton Manors,Fl 33311	
Donan,Oscar S /VD 1024 W. Oakland Park Blvd. Wilton Manors,Fl 33311	

DO NOT WRITE IN THIS SPACE

CR2E031(B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Miriam Y. Donan 04-27-05 (954) 564-6665

MIRIAM Y. DONAN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE