


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000110542	
1. Entity Name CLARIDAN, INC.	

Principal Place of Business ZONA FRANCA DE SANTIAGO, DOM. REP. C/O: DLR, P.O. BOX 560178 MIAMI, FL 33256	Mailing Address P.O. BOX 560178 MIAMI, FL 33256
---	---

DO NOT WRITE IN THIS SPACE



09112006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1719544	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ DE LA ROCHA, DANIEL
9965 OAK CREST ROAD
ORLANDO, FL 32829

**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 _____ (NOTE: Registered Agent signature required when reselecting)

U00000576732
09/13/06-80003-003 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 15, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DIAZ DE LA ROCHA, DANIEL 9965 OAK CREST ROAD ORLANDO, FL 32829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____ *Per.* **9/11/06** (786) 293-2151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #