## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE

STREET ADDRESS CITY-ST-ZIP

## Jan 23, 2006 08:00 AM **Secretary of State** DOCUMENT # P03000121018 1. Entity Name DANNY GLENNON, INC. Principal Place of Business Mailing Address 1704 SW 100 AVENUE 1704 SW 100 AVENUE MIAMI, FL 33165 MIAMI, FL 33165 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3708393 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LUACES, ANGELA ESQ DO NOT WRITE 201 ALHAMBRA CIRCLE SUITE 702 MIAMI, FL 33134 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required whon reinstating) IJŊŊŊŊŊ<u>3</u>99484 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 1\$ \$150.00 02/01/06-80013-021 150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GLENNON, DANIEL B NAME 1704 SW 100 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 TITLE NAME CAUDRON, MARLEN R 1704 SW 100 AVENUE STREET ADDRESS CITY - ST - ZIP MIAMI, FL 33165 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STHEET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

FILED

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: X Day B Slymon	1-19-06	305-221-2449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daylime Phone #