## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 26, 2007 8:00 am Secretary of State

03-26-2007 90060 024 \*\*\*150.00

40041053

| DOCUMENT # P0300<br>1. Entity Name<br>DANNY GLENNON, INC.            | O0121018   |     |
|--|--|-----|
| Principal Place of Business<br>1704 SW 100 AVENUE<br>MIAMI, FL 33165 | Mailing Address<br>1704 SW 100 AVENUE<br>MIAMI, FL 33165 |     |
| DO NOT WI  | RITE IN THIS SPA   | ACE |

6. Name and Address of Current Registered Agent

LUACES, ANGELA ESQ 201 ALHAMBRA CIRCLE SUITE 702 MIAMI, FL 33134

i n

| 02132007                         | No Chg-P | CR2 | E034 (11/05)                      |
|----------------------------------|----------|-----|-----------------------------------|
| 4. FEI Numbe                     | r        |     | Applied For                       |
| 11-3708                          | 3393     |     | Not Applicable                    |
| 5. Certificate of Status Desired |          |     | \$8.75 Additional<br>Fee Required |

DO NOT WRITE IN THIS SPACE

| 6. 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_   | •   |  |      |                                |  |  |  |
| Sional Bit.  | Single-true. Signature, typed or chirtied name of registered agent and title it addition (NOTE Registered Agent signature required which renatating)  DATE  |  |      |                                |  |  |  |
|  | JW.   |  |      |                                | <u>.                                    </u> |  |  |
|  | E NOW!!! FEE 15 \$150.00<br>ny 1, 2007 Fee will be \$550.00   | <ol><li>Election Campaign Finan<br/>Trust Fund Contribution.</li></ol> | cing | \$5.00 May Be<br>Added to Fees |  |  |  |
| 10.  | OFFICERS AND DIREC  | TORS   |      | <del></del>                    | <u> </u>                                     |  |  |
| TITLE  | PD  | <del></del>  |      |                                | ·  |  |  |
| NAME   | GLENNON, DANIEL B   |  |      |                                |  |  |  |
| STREET ADDRESS   | 1704 SW 100 AVENUE  |  |      |                                |  |  |  |
| CITY-ST-ZIP  | MIAMI, FL 33165   |  |      |                                |  |  |  |
| TITLE  | D   | ·····  |      |                                |  |  |  |
| NAME   | CAUDRON, MARLEN R   |  |      |                                |  |  |  |
| STREET ADDRESS   | 1704 SW 100 AVENUE  |  |      |                                |  |  |  |
| CITY-ST-ZIP  | MIAMI, FL 33165   |  |      |                                |  |  |  |
| TITLE  | <del></del>   |  |      |                                |  |  |  |
| NAME   |   |  |      |                                |  |  |  |
| STREET ADDRESS   |   |  |      |                                |  |  |  |
| CITY-ST-DP   |   |  |      | DO                             | NOT WRITE                                    |  |  |
| TITLE  | b I managan was a managan |  |      | 181 *                          | THE CDACE                                    |  |  |
| NAME   |   |  |      | 117                            | THIS SPACE                                   |  |  |
| STREET ADDRESS   |   |  |      |                                |  |  |  |
| CITY-ST-ZIP  |   |  |      |                                |  |  |  |
| IGLE   |   |  | Ī    |                                |  |  |  |
| NAME   |   |  |      |                                |  |  |  |
| STREET ADDRESS   |   |  | I    |                                |  |  |  |
| CITY-ST-#P   |   |  |      |                                |  |  |  |
| TOLE   |   |  |      |                                |  |  |  |
| NAME   |   |  | Į.   |                                | i  |  |  |
| STREET ADDRESS   |   |  |      |                                |  |  |  |
| City-St-2IP  | <u></u>   |  |      |                                |  |  |  |
| 12. Thereby certify that the information supplied with this filling 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 in true and securety and that my closely or shall have the complemental report in true and securety and that my closely or shall have the complemental report in true and securety and the complemental report in true and t |   |  |      |                                |  |  |  |

12. Thereby certify that the information supplied with this filling 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 eath; 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: > 1 am B Sleman

3-6-07 305-221-244