2004 FOR PROFIT CORPORATION

FILED May 03, 2004 8:00 am Secretary of State

the filt with a	<u> PANNUAL</u>	REPORT				secret	ary oi	Sta	ιte
DOCUMENT # P03000145301 1. Entity Name DANGER L'HERINOR, INC.					05-03-2004 90674 026 ***150.00				
Bringing Stor	of Punisana	Marian Address					340704	I FE US	
	e of Business GRANDE AVE.	Mailing Address 3026 S. RIO GRANDE AVI	.	ĺ			010.	The fail to	
SUITE D		SUITE D	Α,		•	4.			
ORLANDO, F	L 32805	ORLANDO, FL 32805		ĺ		CEICH 1911 CE 131 C E211 A		mil Chipi ball	
2. Principal Place of Business 3. Mailing Address -									
2545 W Oakridge Rd - 2545 W. Oakrid				idae Rd					
Suite, Apt. #, etc.			idge · C		04122004	Cha B	CR2E034	(40/02)	
	+ 304 ~ 	# 304			04122004	Chg-P	CR2E034	(10/03)	
City & Stat	1 1	City & State		}	4. FEI Numbe	-01217	70		stied For
Zip	Country	Oclando	Country		- 10	-01311	- FD	3.75 Addit	Applicable
3780		33,809	Country		5. Certificate	of Status Desired		e Required	
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered Age	ınt	
No.				ame					
	L'HERINOR . IO GRANDE AVE.	ddress (F	P.O. Box Numbe	r is Not Accepta	د لله ۱(۱۱۱۱)	ایم			
SUITE D	OIGHDE AVE.	254	5	W. Oa	Kridget	20 # 3	704		
ORLANDO, FL 32805									
CityOclos							FL	'Zip Code	200
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 & LHERI NOR DANSES 4112/04									
dignature, typed or printed name of registered agent and title if approache. (NOTE: Registered Agent signature required when reinstating)									
9. Election Campaign Financing \$5.00 May Be									
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.									
10.	OFFICERS AND	DIRECTORS	11.	~	ADDITIONS/	CHANGES TO O	FFICERS AND DI	RECTORS	IN 11
TITLE	PSTD	☐ Delete	TITLE					Change	Addition
NAME .	DANGER, L'HERINOR		NAME				مديد 1 <i>9</i>	.1	
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TITLE		☐ Delete	TITLE				L	Change	Addition
NAME emert annaree			NAME STREET ADDRESS	`					1

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-Z/P

4/12/04 407-857-1833