

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90027 009 ***158.75

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01152005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000094668 1. Entity Name DANCHE GUITARS, INC					
Principal Place of Business 1140 HOLLYWOOD BOULEVARD SUITE 01-A HOLLYWOOD, FL 33019--150 US				Mailing Address 1140 HOLLYWOOD BOULEVARD SUITE 01-A HOLLYWOOD, FL 33019--150 US	
2. Principal Place of Business 1140 Hollywood Boulevard Suite, Apt. #, etc.		3. Mailing Address 1140 Hollywood Boulevard Suite, Apt. #, etc.		4. FEI Number 20-1277945 Applied For <input type="checkbox"/> Not Applicable	
City & State Hollywood		City & State Hollywood			
Zip 33019-1502	Country USA	Zip 33019-1502	Country USA		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent VIDER-MYERS, ANDREA G MS. 1140 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33019	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IVANOVIC, SLOBODAN MR 1140 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IVANOVIC, ZDENKA MRS 1140 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33019-150 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VIDER-MYERS, ANDREA G MS 1140 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Slobodan Ivanovic, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			01/17/2005 Date Daytime Phone #		