2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State
01-24-2008 90032 033 ***150.00

DOCUMENT # P04000142235

1. Entity Name
DANNY'S REPAIRS INC.

Principal Place of Business
~~1390 NW 16TH STREET~~
~~MIAMI, FL 33125~~

Mailing Address
~~1390 NW 16TH STREET~~
~~MIAMI, FL 33125~~

01212008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #: 3735 E Coquina Way
Suite, Apt. #, etc.
City & State: WESTON FL
Zip: 33332 Country

3. Mailing Address: 3735 E Coquina Way
Suite, Apt. #, etc.
City & State: WESTON FL
Zip: 33332 Country

4. FEI Number: 20-1757115 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CACERES, DANNY
3735 E. COQUINA WAY
WESTON, FL 33332

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P,S	☐ Delete
NAME	CACERES, DANNY	
STREET ADDRESS	3735 E. COQUINA WAY	
CITY-ST-ZIP	WESTON, FL 33332	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] Danny Caceres 1-21-08 305-219-1927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #