

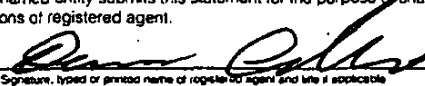



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90077 013 \*\*\*150.00

<b>DOCUMENT # P05000034520</b> 1. Entity Name <b>DAREN CEDENO INC</b> <b>DAREN CEDENO, INC.</b>																										
Principal Place of Business <b>4021 N. UNIVERSITY DRIVE</b> <b>#207</b> <b>SUNRISE FL 33351</b> <b>US</b>			Mailing Address <b>4021 N. UNIVERSITY DRIVE</b> <b>#207</b> <b>SUNRISE FL 33351</b> <b>US</b>																							
2. Principal Place of Business <b>4021 N. UNIVERSITY DR.</b> Suite, Apt. #, etc. <b>DR. #C 207</b> City & State <b>SUNRISE F.L.</b> Zip <b>33351</b> Country <b>USA</b>		3. Mailing Address <b>4021 N. UNIVERSITY DR.</b> Suite, Apt. #, etc. <b>APT #C 207</b> City & State <b>SUNRISE F.L.</b> Zip <b>33351</b> Country <b>U.S.A</b>																								
4. FEI Number <b>61-1484529</b>				Applied For <input type="checkbox"/> Not Applicable																						
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																						
6. Name and Address of Current Registered Agent <b>CEDENO, DAREN</b> <b>4021 N. UNIVERSITY DRIVE</b> <b>207</b> <b>SUNRISE FL 33351</b>			7. Name and Address of New Registered Agent Name <b>DAREN CEDENO</b> Street Address (P.O. Box Number is Not Acceptable) <b>4021 N. UNIVERSITY DR.</b> <b>APT #C 207</b> City <b>SUNRISE</b> FL <b>33351</b>																							
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  DATE <b>04/28/06</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>																										
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>CEDENO, DAREN</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>4021 N. UNIVERSITY DRIVE</b></td> <td></td> </tr> <tr> <td></td> <td><b>SUNRISE FL 33351</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	<b>CEDENO, DAREN</b>		CITY-ST-ZIP	<b>4021 N. UNIVERSITY DRIVE</b>			<b>SUNRISE FL 33351</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			Date <b>04/28/06</b> (954) 709-5164																							