
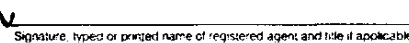
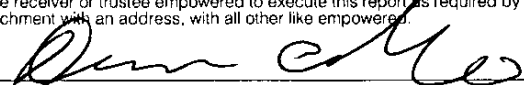


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90063 040 \*\*\*150.00

<b>DOCUMENT # P05000034520</b> 1. Entity Name <b>DAREN CEDENO, INC.</b>			
Principal Place of Business <b>4021 N. UNIVERSITY DRIVE #C207 SUNRISE, FL 33351 US</b>		Mailing Address <b>4021 N. UNIVERSITY DRIVE #C207 SUNRISE, FL 33351 US</b>	
2. Principal Place of Business - No P.O. Box # <b>716 SW 73rd Ave</b>		3. Mailing Address <b>716 SW 73rd Ave</b>	
Suite, Apt. #, etc. <b>North lauderdale, FL</b>		Suite, Apt. #, etc. <b>North lauderdale, FL</b>	
City & State <b>33068 Broward</b>		City & State <b>33068 Broward</b>	
Zip <b>33068</b>		Country <b>BROWARD</b>	
6. Name and Address of Current Registered Agent  <b>CEDENO, DAREN 4021 N. UNIVERSITY DRIVE C207 SUNRISE, FL 33351</b>		7. Name and Address of New Registered Agent Name <b>CEDENO, DAREN</b> Street Address (P.O. Box Number is Not Acceptable) <b>716 SW 73rd Ave</b> <b>North lauderdale, FL 33068</b> City <b>FL</b> 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			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CEDENO, DAREN 4021 N. UNIVERSITY DRIVE SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CEDENO, DAREN 716 SW 73rd Ave North lauderdale, FL-33068 <input checked="" 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
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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 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.			
<b>SIGNATURE:</b> 		Date <b>954 709-5164</b> Daytime Phone #	