

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142331

FILED  
Aug 29, 2008  
Secretary of State

Entity Name: DANIELS-HINTON ENTERPRISES, INC.

## Current Principal Place of Business:

3211 N.W. 191ST STREET  
MIAMI GARDENS, FL 33056

## New Principal Place of Business:

3211 N.W. 191ST STREET  
MIAMI GARDENS, FL 33056 US

## Current Mailing Address:

3211 N.W. 191ST STREET  
MIAMI GARDENS, FL 33056

## New Mailing Address:

3211 N.W. 191ST STREET  
MIAMI GARDENS, FL 33056 US

FEI Number: 55-0907318

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONIQUE TRONCONE, CPA P.A.  
499 EAST PALMETTO PARK ROAD  
SUITE 207  
BOCA RATON, FL 334325080 US

## Name and Address of New Registered Agent:

MONIQUE TRONCONE, CPA P.A.  
55 N.E. 5TH AVENUE  
SUITE 501  
BOCA RATON, FL 334324093 US

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.

SIGNATURE:

08/29/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DANIELS-HINTON, ALICIA  
Address: 3211 N.W. 191ST STREET  
City-St-Zip: MIAMI GARDENS, FL 33056

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DANIELS-HINTON, ALICIA  
Address: 3211 N.W. 191ST STREET  
City-St-Zip: MIAMI GARDENS, FL 33056 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA DANIELS-HINTON

PD

08/29/2008

Electronic Signature of Signing Officer or Director

Date