2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2006 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS, FL 33166 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS, FL 33166 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DOCUMENT # P05000157628 1. Entity Name DANICE DESIGNS INC.					02-28-2006 90015 009 ***150.00			
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Signature South Specific and defines of Current Registered Agent 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUIZ, DANIANA 420 PLOVER AVE. MIAMI SPRINGS, FL 33166 8. The above named entity gettints this systement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Address (P.O. Box Number is Not Acceptable) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME RUIZ, DANIANA RUIZ, DANIANA RUIZ, DANIANA RUIZ, DANIANA STEET ADDRESS GITY-ST-ZP MIAMI SPRINGS, FL 33166 TITLE NAME STEET ADDRESS GITY-ST-ZP MIAMI SPRINGS, FL 33166 TITLE NAME STEET ADDRESS GITY-ST-ZP MIAMI SPRINGS, FL 33166 TITLE NAME STEET ADDRESS GITY-ST-ZP MIAMI SPRINGS, FL 33166 TITLE NAME STEET ADDRESS GITY-ST-ZP TITLE NAME STEET ADDRESS GIT	用	·	Vince of	pkce					
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RUIZ, DANIANA 420 PLOVER AVE. MIAMI SPRINGS, FL 33166 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity setmits 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 acceptable of the obligations of register by the obligations of registering agent or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registering agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registering agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registering agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registering agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registering agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registering agent, or both, in the State of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ADDITIO	339166	costary	Zip	· Country	5. Certificate	of Status Desired			
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TITLE 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	NAME STREET ADDRESS CITY-ST-ZIP	portify that the information counties with		NAME STREET ADDRESS CITY-ST-ZIP	contained in Chanta	O Elevido Contra		☐ Addition	

12. I hereby certify that the information supplied with this failing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is 10 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 pseciment in the state of powered 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 AND TYPED OR PRINTED NAME OF SUSHING OFFICER OR DIRECTOR

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