

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167788

FILED
Apr 30, 2008
Secretary of State

Entity Name: DANIEL CONSULTANT & ASSOCIATES, INC.

Current Principal Place of Business:

995 NORTH MIAMI BEACH BLVD
119
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

995 NORTH MIAMI BEACH BLVD
119
MIAMI, FL 33162

New Mailing Address:

FEI Number: 04-3838322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIEL, GEORGES
995 NORTH MIAMI BEACH BLVD
119
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DANIEL, GEORGES T
Address: 995 NORTH MIAMI BEACH BLVD, #119
City-St-Zip: MIAMI, FL 33162

Title: S () Delete
Name: PURATA, TANIA
Address: 819 NE 199 STREET
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PURATA, TANIA
Address: 819 NE 199 STREET #208
City-St-Zip: MIAMI, FL 33179

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: GEORGES T DANIEL

P

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date