


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90100 007 ***150.00

DOCUMENT # P06000117398 1. Entity Name ABRAHAM, SR.-DANIEL, INC.																											
Principal Place of Business 2777 NW 48TH ST MIAMI, FL 33147		Mailing Address 2777 NW 48TH ST MIAMI, FL 33147																									
2. Principal Place of Business - No P.O. Box # 711 S. HOLLYBROOK DR. Suite, Apt. #, etc. #204		3. Mailing Address 711 S. HOLLYBROOK DR. Suite, Apt. #, etc. #204																									
City & State PEMBROKE PINES		City & State PEMBROKE PINES																									
Zip Country 33025-4024 USA		Zip Country 33025-4024 USA																									
6. Name and Address of Current Registered Agent TURNER, ABRAHAM 2777 NW 48TH ST MIAMI, FL 33147		7. Name and Address of New Registered Agent Name ABRAHAM TURNER Street Address (P.O. Box Number is Not Acceptable) 711 S. HOLLYBROOK DR. #204 City PEMBROKE PINES FL Zip Code 33025-4024																									
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 <u><i>Abraham Turner</i></u> DATE <u>04-30-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TURNER, ABRAHAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2777 NW 48TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33147</td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	TURNER, ABRAHAM		STREET ADDRESS	2777 NW 48TH ST		CITY-ST-ZIP	MIAMI, FL 33147		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%;">PD</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ABRAHAM TURNER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>711 S. HOLLYBROOK DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL. 33025-4024</td> <td></td> </tr> </table>		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ABRAHAM TURNER		STREET ADDRESS	711 S. HOLLYBROOK DR.		CITY-ST-ZIP	PEMBROKE PINES, FL. 33025-4024	
TITLE	PD	<input type="checkbox"/> Delete																									
NAME	TURNER, ABRAHAM																										
STREET ADDRESS	2777 NW 48TH ST																										
CITY-ST-ZIP	MIAMI, FL 33147																										
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	ABRAHAM TURNER																										
STREET ADDRESS	711 S. HOLLYBROOK DR.																										
CITY-ST-ZIP	PEMBROKE PINES, FL. 33025-4024																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">STD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MULLIENS-TURNER, DOROTHY E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2777 NW 48TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33147</td> <td></td> </tr> </table>		TITLE	STD	<input type="checkbox"/> Delete	NAME	MULLIENS-TURNER, DOROTHY E		STREET ADDRESS	2777 NW 48TH ST		CITY-ST-ZIP	MIAMI, FL 33147		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">STD</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DOROTHY MULLIENS -TURNER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>711 S. HOLLYBROOK DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL. 33025-4024</td> <td></td> </tr> </table>		TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	DOROTHY MULLIENS -TURNER		STREET ADDRESS	711 S. HOLLYBROOK DR.		CITY-ST-ZIP	PEMBROKE PINES, FL. 33025-4024	
TITLE	STD	<input type="checkbox"/> Delete																									
NAME	MULLIENS-TURNER, DOROTHY E																										
STREET ADDRESS	2777 NW 48TH ST																										
CITY-ST-ZIP	MIAMI, FL 33147																										
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	DOROTHY MULLIENS -TURNER																										
STREET ADDRESS	711 S. HOLLYBROOK DR.																										
CITY-ST-ZIP	PEMBROKE PINES, FL. 33025-4024																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></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		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></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		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></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		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
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 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: <u><i>Abraham Turner</i></u> PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>04-30-07</u> Daytime Phone #																									