

2009

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT #</b> P08000076300 <b>1. Entity Name</b> Danielle's International, Inc.				FILED 09 MAY 13 PM 2:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DO NOT WRITE IN THIS SPACE</b>					
<b>2. Principal Place of Business</b> 14614 S.W. 174th St. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 14614 S.W. 174th St. Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami, FL Zip      Country 33177-6635 USA		<b>City &amp; State</b> Miami, FL Zip      Country 33177-6635 USA		<b>4. FEI Number</b> 26-3180292 Applied For <input type="checkbox"/> Not Applicable	
<b>DO NOT WRITE IN THIS SPACE</b>				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				<b>7. Name and Address of Current Registered Agent</b> Name Leon, Rodolfo Street Address (P.O. Box Number is Not Acceptable) 14614 S.W. 174th St. City      State      Zip Code Miami      FL      33177	
				<b>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.</b>  SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Leon, Rodolfo 14614 S.W. 174th St. Miami, FL 33177	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000155897320 05/13/09--01031--020 **300.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T/S Capote, Marisabel 14614 S.W. 174th St. Miami, FL 33177	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address with all other like empowered.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Rodolfo Leon		786-293-0748 Date      Daytime Phone #	