2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000104041

Title:

Name:

Address:

City-St-Zip:

() Delete

CALLE LOS CHAGUARAMOS CENTRO GERENCIAL MOH

GARZON ZIGHELBOIM, DANIEL

CARACAS, 1060, VENEZUELA,

FILED Feb 18, 2009 Secretary of State

Entity Name: DANARISUS INTERNATIONAL CORP.				
Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
2340 SO. DIXIE HIGHWAY MIAMI, FL 33133		BANK BUILDING SU	2999 NORTH EAST 191 ST EAGLE NATIONAL BANK BUILDING SUITE 805 AVENTURA, FL 33180	
Current M	ailing Address:	New Mailing Addre	New Mailing Address:	
2340 SO. DIXIE HIGHWAY MIAMI, FL 33133		BANK BUILDING SU	2999 NORTH EAST 191 ST EAGLE NATIONAL BANK BUILDING SUITE 805 AVENTURA, FL 33180	
FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
DURAN, ALFREDO G 2340 SO. DIXIE HIGHWAY MIAMI, FL 33133 US		BUILDING SUITE 80	KATZEF, MARK C 2999 NORTH EAST 191ST EAGLE NATIONAL BANK BUILDING SUITE 805 AVENTURA, FL 33180 US	
	named entity submits this statement for the performance of Florida.	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE: MARK KATZEF		02/18/2009	
	Electronic Signature of Registered Age	ent	Date	
Election Car	npaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete GARZON CHOCRON, JACOB CALLE LOS CHAGUARAMOS CENTRO GERENCIAL CARACAS, 1060, VENEZUELA,	Title: Name: . MOH Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete ZIGHELBOIM GARZON, FRIMY CALLE LOS CHAGUARAMOS CENTRO GEREUCIAL CARACAS, 1060, VENEZUELA,	Title: Name: . MOH Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete GARZON CHOCRON, ISAAC CALLE LOS CHAGUARAMOS CENTRO GERENCIAL CARACAS, 1060, VENEZUELA,	Title: Name: . MOH Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JACOB GARZON D 02/18/2009

() Change () Addition