

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90073 001 ***900.00

DOCUMENT # P35054

1. Entity Name
DANELI CORPORATION, INC.



Principal Place of Business
**4 COLUMBUS CENTRE
WICKHAMS CAY, ROAD TOWN
TORTOLA, B. VIRGIN ISLANDS,**

Mailing Address
**801 BRICKELL AVENUE
16 FLOOR
MIAMI, FL 33131**

66009628



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ABDIEL, MANSFIELD
AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA,
PISO NO.10 PANAMA 1, R D P,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BROCE, BRUNILDA
AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA,
PISO NO.10 PANAMA 1, R D P,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
LEDEZMA, HERIBERTO
AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA,
PISO NO.10 PANAMA 1, R D P,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05

Date

305-381-8340

Daytime Phone #