

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90412 001 ***600.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P35054

1. Entity Name
DANELI CORPORATION, INC.



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

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

66012397



01302006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE AS
NAME LEDEZMA, HERIBERTO
STREET ADDRESS AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA,
CITY-ST-ZIP 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

Date

305-381-8340

Daytime Phone #