


FILED
May 01, 2007 08:00 A
Secretary of State

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P35054 1. Entity Name DANELI CORPORATION, INC.	
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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



01222007 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 <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/renoting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000750674
05/18/07-80072-008 2600.00

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.
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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.
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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.
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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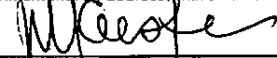
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE
IN THIS SPACE

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

4/23/07

Date

(305) 381-8340

Daytime Phone #