

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P92000007570

1. Entity Name

DANTEL CORPORATION



**FILED
Mar 15, 2006 8:00 am
Secretary of State**

03-15-2006 90105 027 ***158.75



1st MOORE CR2E034 (10/05)

Principal Place of Business		Mailing Address	
12400 SW 112 AVE MIAMI FL 33176		P O BOX 164839 MIAMI FL 33116-4839	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0371150	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<p>HERNANDEZ, RUBEN 12400 SW 112 AVE MIAMI FL 33176</p>		<p>Name <i>ALICIA HERNANDEZ</i> Street Address (P.O. Box Number is Not Acceptable) <i>12400 SW 112 AVE</i> <i>MIAMI FL 33176</i> City <i>FL</i> Zip Code <i>2/24/06</i></p>	

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, RUBEN	NAME	
STREET ADDRESS	345 OCEAN DRIVE, APT 723	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, ALICIA	NAME	
STREET ADDRESS	12400 SW 112 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	—	NAME	—
STREET ADDRESS	—	STREET ADDRESS	—
CITY-ST-ZIP	—	CITY-ST-ZIP	—
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	—	NAME	—
STREET ADDRESS	—	STREET ADDRESS	—
CITY-ST-ZIP	—	CITY-ST-ZIP	—
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	—	NAME	—
STREET ADDRESS	—	STREET ADDRESS	—
CITY-ST-ZIP	—	CITY-ST-ZIP	—
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	—	NAME	—
STREET ADDRESS	—	STREET ADDRESS	—
CITY-ST-ZIP	—	CITY-ST-ZIP	—

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2-24-06 305255.00
Date Daytime Phone #