

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000047126

1. Entity Name

DARON MANAGEMENT AND DEVELOPMENT, INC.



Principal Place of Business

815 NE HAVANA DRIVE
BOCA RATON FL 33487

Mailing Address

815 NE HAVANA DRIVE
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0429588

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TERSAKYAN, ARIS
815 N.E. HAVANA DR.
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 name, and title of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reconstituting)

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
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME TERSAKYAN, ARIS
STREET ADDRESS 815 N.E. HAVANA DR.
CITY- ST- ZIP BOCA RATON FL

TITLE ☐ Delete
NAME TERSAKYAN, ROY D
STREET ADDRESS 815 N.E. HAVANA DR.
CITY- ST- ZIP BOCA RATON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
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 printed name of signing officer or director)

Apr 17 10 2006

FILED
Apr 17, 2006 08:00 AM
Secretary of State

