FILED
Feb 14, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000055889

1. Entity Name
DAN-DREW, INC.

Principal Place of Business	Mailing Address
251 CRANDON BLVD APT 734 KEY BISCAYNE, FL 33149 US	251 CRANDON BLVD APT 734 KEY BISCAYNE, FL 33149 US

02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0427961

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required NO

6. Name and Address of Current Registered Agent

LEVINSON, JEROME
251 CRANDON BLVD.
#734
KEY BISCAYNE, FL 33149

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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 Jerome Levinson 2-8-05
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	PTD
NAME	LEVINSON, JEROME
STREET ADDRESS	251 CRANDON BLVD. #734
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	VSD
NAME	LEVINSON, PHYLLIS F
STREET ADDRESS	251 CRANDON BLVD. #734
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	2VP
NAME	DENSMORE, CHERYL N
STREET ADDRESS	6101 SW 27TH STREET
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jerome Levinson PRES. JEROME LEVINSON PRES. Feb. 8, 2005 (305-361-7220)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #