

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000055889	
1. Entity Name DAN-DREW, INC.	

Principal Place of Business 251 CRANDON BLVD APT 734 KEY BISCAYNE FL 33149 US	Mailing Address 251 CRANDON BLVD APT 734 KEY BISCAYNE FL 33149 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 65-0427981	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEVINSON, JEROME 251 CRANDON BLVD. #734 KEY BISCAYNE FL 33149	
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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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEVINSON, JEROME	NAME	
STREET ADDRESS	251 CRANDON BLVD. #734	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	CITY-ST-ZIP	
TITLE	VSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEVINSON, PHYLLIS F	NAME	
STREET ADDRESS	251 CRANDON BLVD. #734	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	CITY-ST-ZIP	
TITLE	2VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DENSMORE, CHERYL N	NAME	
STREET ADDRESS	6101 SW 27TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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04/02/08-80008-005 150.00

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.	
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SIGNATURE: Jerome Levinson JEROME LEVINSON PRES.	DATE: MARCH 13, 2008
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