JUT FOR PROFIT CORPORATION **ANNUAL REPORT**

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JCUMENT # P94000032605

DARON EQUIPMENT CORP.

FILED Feb 26, 2007 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

11765 WEST OKEECHOBEE ROAD HIALEAH GARDENS, FL 33016

11765 WEST OKEECHOBEE ROAD HIALEAH GARDENS, FL 33016



02132007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0504028

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLAZER, RON 11765 WEST OKEECHOBEE ROAD HIALEAH GARDENS, FL 33018

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8.	The above named entity submits this statement for the purpose of change the obligations of registered agent.	ging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
Si	GNATURE_ Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent algorature required which reinstaling)	DATE

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

1100000647135 U3/U6/07-8006**0-00**8 158.75

OFFICERS AND DIRECTORS 10, DP TITLE NAME GLAZER, RON STREET ADDRESS 11765 W. OKEECHOBEE RD. GITY - ST- ZIP HIALEAH GARDENS, FL 33016 TITLE DST

Signature, typed or printed name of registered agent and title if applicable

GLAZER, DAVID NAME STREET ADDRESS 11765 W. OKEECHOBEE RD. CITY - ST - ZIP HIALEAH GARDENS, FL 33016 TITLE NAME

STREET ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

CITY-ST-ZIP

210

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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 Plant of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Plant of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Plant of the corporation of the receiver or trustee empowered.

SIGNATURE: