

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90026 045 \*\*\*150.00

**DOCUMENT # P95000052407**

1. Entity Name

DANIEL CLUB WHOLESALE, INC.



Principal Place of Business

20600 NW 47 AVE  
MIAMI, FL 33055

Mailing Address

20600 NW 47 AVE  
MIAMI, FL 33055



03012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0602430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DANIEL, MOSHE  
20600 NW 47 AVE  
MIAMI, FL 33055

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DANIEL, MOSHE  
STREET ADDRESS 1233 NW 127 DR  
CITY-ST-ZIP SUNRISE, FL 33323

TITLE VD  
NAME DANIEL, ISAAC  
STREET ADDRESS 13001 SW 19TH DRIVE  
CITY-ST-ZIP MIRAMR, FL 33027

TITLE SD  
NAME DANIEL, AHRON  
STREET ADDRESS 20600 NW 47 AVE  
CITY-ST-ZIP MIAMI, FL 33055

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOSHE DANIEL

Date

Daytime Phone #

3-1-04

305-6246623