

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000049456

1. Entity Name
DAMARANDY, INC.



Principal Place of Business
172 CARLISLE DRIVE
MIAMI SPRING, FL 33166-3050

Mailing Address
172 CARLISLE DRIVE
MIAMI SPRING, FL 33166-3050



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0759724

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALMAGUER, MARLENIS
172 CARLISLE DRIVE
MIAMI SPRING, FL 33166-3050

**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, 2006 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 ALMAGUER, MARLENIS
STREET ADDRESS 172 CARLISLE DRIVE
CITY-ST-ZIP MIAMI SPRING, FL 331663050

TITLE VTD
NAME ALMAGUER, RAMON
STREET ADDRESS 172 CARLISLE DRIVE
CITY-ST-ZIP MIAMI SPRING, FL 331663050

TITLE
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STREET ADDRESS
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100000383248
01/12/06-80046-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

Marlenis Almaguer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-06

Date

Daytime Phone #