Apr. 6. 2005 7:53AM

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90266 025 ***150.00

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1. Entry Name
DANIEL'S IMPORT/EXPORT, INC.

Principal Place of Business
800 S HOLLYBROOK DR.
303
PEMBROKE PINES, FL 33025

Mailing Address
~~1745~~ 1335 E. HALLANDALE BCH BLVD
#238
HALLANDALE, FL 33009

04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0787440
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDRONACHE, VIORICA
800 S. HOLLYBROOK DR., #303
PEMBROKE PINES, FL 33025

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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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

7. **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	P
NAME	ANDRONACHE, VIORICA
STREET ADDRESS	800 S. HOLLYBROOK DR., #303
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	V
NAME	ANDRONACHE, ION
STREET ADDRESS	800 S. HOLLYBROOK DR., #303
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Viorica Andronache 4/06/05 954-647-4689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)