

2009

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026695				FILED 09 MAY 13 PM 3:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name Danielle's Foods, Inc.				DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 14614 S.W. 174th St.					
3. Mailing Address 14614 S.W. 174th St.					
Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State Miami, FL					
Zip 33177-6635					
Country USA				4. FEI Number 65-0824094	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name Capote, Marisabel	
				Street Address (P.O. Box Number is Not Acceptable) 14614 S.W. 174th St.	
				City Miami	
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.				FL	
Zip Code 33177					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Capote, Marisabel 14614 S.W. 174th St. Miami, FL 33177	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300155898463 05/13/09-01034--001 **300.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T/S Leon, Rodolfo 14614 S.W. 174th St. Miami, FL 33177	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
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			
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			
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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Marisabel Capote</u> Marisabel Capote 305-332-4911					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034B (12/02)