2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000025127

1. Entity Name

DANBRE ENTERPRISES, INC.



Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

8508 SW 40 STREET MIAMI, FL 33155 8508 SW 40 STREET MIAMI, FL 33155



03122008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0915256

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

FILED

6. Name and Address of Current Registered Agent

RASSNER, WAYNE H 7700 N. KENDALL DRIVE #510 MIAMI. FL 33156

DO NOT WRITE IN THIS SPACE

| MIAMI, FL 33156 | | | 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 | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Finar Trust Fund Contribution. | ncing | \$5.00 May Be Added to Fees | ; ; |
| 10. | 10. OFFICERS AND DIRECTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RUBIN, BRENDA 8508 SW 40 STREET MIAMI, FL 33155 | | , | | U00000859661 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD BLUMIN, DANIEL 8508 SW 40 STREET MIAMI, FL 33155 | | | | 04/02/08-80032-005 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | | | 1 | | . " |

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 empoyered 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 attaamment with an address, furthall other like empowered.

V. PRESIDENT

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08

954-961-9787

Daytime Phone #