

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90014 041 ***150.00

DOCUMENT # P99000040473

1. Entity Name
DAN SVOR INC.



Principal Place of Business
2919 EAST COMMERCIAL BLVD., STE A
FT. LAUDERDALE, FL 33308

Mailing Address
2800 E COMMERCIAL BLVD
STE 208
FT. LAUDERDALE, FL 33308

2. Principal Place of Business - No P.O. Box #

175 W. CAMINO REAL

BOCA RATON, FL

33432

U.S.A

3. Mailing Address

13900 S. JOG RD
203-276

DELRAY BEACH, FL

33446

U.S.A



02292008

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0923309

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN H. KATZ PA
2800 E COMMERCIAL BLVD
STE 208
FORT LAUDERDALE, FL 33308

*Chose
as
address*

Name

Street

City

7. Name and Address of New Registered Agent

ALLEN H KATZ, P.A.
13900 S. JOG ROAD
203-276
DELRAY BEACH, FL 33446

Zip Code

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

Allen H Katz ALLEN H KATZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/29/08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SVORINICH, DANIEL	
STREET ADDRESS	3851 NE 12 TERRACE	
CITY-ST-ZIP	POMPAHO BEACH, FL 33064	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Daniel Svorinich

Daniel SVORNICH

3-23-08

954)4271477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #