


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000076846		
1. Entity Name DANOAM CORP.		
Principal Place of Business C/O KLEINMAN 301 174 ST., #2214 SUNNY ISLE BEACH, FL 33160	Mailing Address C/O KLEINMAN 301 174 ST., #2214 SUNNY ISLE BEACH, FL 33160	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KLEINMAN, ESTHER 301 174 ST. #2214 SUNNY ISLE BEACH, FL 33160		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	P KLEINMAN, ESTHER 301 174 ST. #2214 SUNNY ISLE BEACH, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSP KLEHMAN, CHARM 301 174 ST #2214 SUNNY ISLES BCH, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KLEINMAN, AMI 301 174 ST #2214 SUNNY ISLES, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINMAN, NEER 301 174 ST #2214 SUNNY ISLES BCH, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KLEINMAN, DANA 301 174 ST #2214 SUNNY ISLES, FL 33160	
TITLE 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: <u>Esther Kleinman Esther Kleinman</u> 1/15/06 305 9333 050 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



D1072006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0955862** Applied For ☐ Not Applicable ☐

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

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01/24/06-80011-022 150.00

**DO NOT WRITE
IN THIS SPACE**