

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2007 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**



01072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0955862

Applied For
Not Applicable

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	KLEINMAN, ESTHER
STREET ADDRESS	301 174 ST. #2214
CITY-ST-ZIP	SUNNY ISLE BEACH, FL 33160
TITLE	VSP
NAME	KLEHMAN, CHARM
STREET ADDRESS	301 174 ST #2214
CITY-ST-ZIP	SUNNY ISLES BCH, FL 33160
TITLE	VSD
NAME	KLEINMAN, AMI
STREET ADDRESS	301 174 ST #2214
CITY-ST-ZIP	SUNNY ISLES, FL 33160
TITLE	D
NAME	KLEINMAN, NEER
STREET ADDRESS	301 174 ST #2214
CITY-ST-ZIP	SUNNY ISLES BCH, FL 33160
TITLE	O
NAME	KLEINMAN, DANA
STREET ADDRESS	301 174 ST #2214
CITY-ST-ZIP	SUNNY ISLES, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000599975
01/25/07-80049-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Esther Kleinman

1/10/07