

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 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**



01072008 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

Esther Kleinman **Esther Kleinman P**

1/7/08

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, 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 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	

000000778617
01/11/08-80004-019 150.00

**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