


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J65389</b> 1. Entity Name <b>DANSANA CORP.</b>	
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Principal Place of Business <b>1881 SW 52 TERR PLANTATION, FL 33317-2245 US</b>	Mailing Address <b>P.O. BOX 17138 PLANTATION, FL 33318-7138 US</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0002147</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MILLER, GRACIELA L CPA 4179 DAVIE ROAD SUITE 200 DAVIE, FL 33314</b>
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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 reconstituting) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>UN00000381095 01/11/06-80041-001 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RACHMAN, DANIEL B 1881 SW 52ND TERR PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RACHMAN, SANDRA L 1881 SW 52ND TERR PLANTATION, FL 33317
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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 B. Rachman* **Daniel B. Rachman** 1/6/06 954-5830485  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #