


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000005834

1. Entity Name
INDEBCA, INC.



Principal Place of Business
**836 E. VINE STREET
 KISSIMMEE, FL 34744**

Mailing Address
**836 E. VINE STREET
 KISSIMMEE, FL 34744**

DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3696209 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CABRERA, LUIS A
 836 E. VINE STREET
 KISSIMMEE, FL 34744**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 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	DP BRUNO, GIOSUE 2610 SPRING HILL DR KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARREIRO, MARIA T 2610 SPRING HILL DR KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CABRERA, LUIS A 836 EAST VINE ST KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNO, ANTONIO M. 2610 SPRING HILL DR KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNO, ROSA 2610 SPRING HILL DR KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNO, ANTONIETTA 2610 SPRING HILL DR KISSIMMEE, FL 34743

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 01/30/06-80080-015 150.00

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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 changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:  **Luis Cabrera** 1/13/06 407-935-0068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #