## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P0100005834 1. Entity Name INDEBCA, INC. Principal Place of Business Address Address Address Address



FILED Jan 16, 2007 08:00 AM Secretary of State

Principal Place of Busines
836 E. VINE STREET KISSIMMEE, FL 34744
MISSIMMEE, I'E STITT

**SIGNATURE:** 

Mailing Address 836 E. VINE STREET

KISSIMMEE, FL 34744



_				01092007	No Chg-P	CR2E034	ł (11/05)
C	OO NOT WRITE IN THIS	SPAC	CE	4. FEI Numb			Applied For Not Applicable
		• .	·	5. Certificat	e of Status Desired		8.75 Additional see Required
	6. Name and Address of Current Registered Agent			·		* .	
	A, LUIS A NE STREET EE, FL 34744		**************************************		NOT W	₹ <b>,</b> 1	
8. The above the obligat	e named entity submits this statement to the purpose of changing tions of registered agent.	) its registered	d office or register	ed agent, or b	oth, in the State of Flo	rida. I am far	niliar with, and accept
SIGNATURE		NOTE: Registered	Agent signature required	when reinstating)	1/10	DATE	
FIL After M	9. Election Cam ay 1, 2007 Fee will be \$550.00 Trust Fund Ca			00 May Be ed to Fees			
10.	OFFICERS AND DIRECTORS				<u> </u>	fr. 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP BRUNO, GIOSUE 2610 SPRING HILL DR KISSIMMEE, FL 34743		10 16 16 16 16 16 16 16 16 16 16 16 16 16	4	00000058 01/17/07~80	77620 0040-007	150.00
NAME STREET ADDRESS CITY-ST-ZIP	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			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNO, ANTONIO M 2610 SPRING HILL DR KISSIMMEE, FL 34743	!		in IN	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNO, ROSA 2610 SPRING HILL DR KISSIMMEE, FL 34743			1		A	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D BRUNO, ANTONIETTA 2610 SPRING HILL DR KISSIMMEE, FL 34743		**				

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 employeed 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.