

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005834

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: INDEBCA, INC.

## Current Principal Place of Business:

830B EAST VINE STREET  
KISSIMMEE, FL 34744

## New Principal Place of Business:

## Current Mailing Address:

830B EAST VINE STREET  
KISSIMMEE, FL 34744

## New Mailing Address:

FEI Number: 59-3696209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RECIO, GERARDINA  
600 N. THACKER AVE.  
SUITE C 12  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BRUNO, GIOSUE  
Address: 2610 SPRING HILL DR  
City-St-Zip: KISSIMMEE, FL 34743

Title: DV ( ) Delete  
Name: CARREIRO, MARIA T  
Address: 2610 SPRING HILL DR  
City-St-Zip: KISSIMMEE, FL 34743

Title: DS ( ) Delete  
Name: CABRERA, LUIS A  
Address: 836 EAST VINE ST  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: BRUNO, ANTONIO M  
Address: 2610 SPRING HILL DR  
City-St-Zip: KISSIMMEE, FL 34743

Title: D ( ) Delete  
Name: BRUNO, ROSA  
Address: 2610 SPRING HILL DR  
City-St-Zip: KISSIMMEE, FL 34743

Title: D ( ) Delete  
Name: BRUNO, ANTONIETTA  
Address: 2610 SPRING HILL DR  
City-St-Zip: KISSIMMEE, FL 34743

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: CABRERA, LUIS A  
Address: 1631 EAST VINE ST SUITE I  
City-St-Zip: KISSIMMEE, FL 34744

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS CABRERA

DS

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date