


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90066 018 ***150.00

DOCUMENT # P05000124499

1. Entity Name
DEBRIS, INC.



Principal Place of Business Mailing Address
15500 LANCELOT CT. **15500 LANCELOT CT.**
DAVIE, FL 33331 **DAVIE, FL 33331**


2. Principal Place of Business - No P.O. Box # 3. Mailing Address
17309 SE 165 AVE. **PO Box 132**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
WEIRSDALE, FL **WEIRSDALE, FL**

Zip Country Zip Country
32195 **USA** **32195** **USA**

40040000



01112007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-3470996 Not Applicable

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

6. Name and Address of Current Registered Agent

ADLER, ARTHUR
15500 LANCELOT CT.
DAVIE, FL 33331

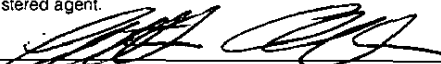
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
17309 SE 165 AVE.

City State Zip Code
WEIRSDALE **FL** **32195**

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:  DATE: **3/28/07**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ADLER, ARTHUR 15500 LANCELOT CT. DAVIE, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17309 SE 165 AVE. WEIRSDALE, FL 32195
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **3/28/07** Daytime Phone #: **954-445-9965**

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