


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 13, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # S56635**  
1. Entity Name  
**DEBWAY, CORPORATION**



Principal Place of Business      Mailing Address  
**2343 W 76TH STREET  
HIALEAH, FL 33016 US**      **2343 W 76TH STREET  
HIALEAH, FL 33016 US**

**DO NOT WRITE IN THIS SPACE**



03082006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0274471**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**VITALE, GESUALDO  
2343 W 76TH STREET  
HIALEAH, FL 33016**

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IN THIS SPACE**

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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VITALE, GESUALDO
STREET ADDRESS	2343 W 76 STREET
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	T
NAME	VITALE, PATRIZIA
STREET ADDRESS	2343 W 76 STREET
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	VD
NAME	VITALE, ROSANNA
STREET ADDRESS	2343 W 76 STREET
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	S
NAME	VITALE, MARIANA
STREET ADDRESS	2343 W 76 STREET
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

03082006-00046-015 150.00

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: Mariana Vitale      **Mariana Vitale**      03-08-2006      (305)8186353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #