2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # 552296 1. Entity Name DEBRINO CAULKING AND WATERPROOFING, INC. Principal Place of Business Mailing Address 5340 NORTH FEDERAL HIGHWAY 5340 NORTH FEDERAL HIGHWAY 203 203 LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064 US

FILED Apr 24, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

-	4. FEI Number	Applied For		
1	59-1804493		Not Applicable	
	5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEBRINO, AL M 1194 HILLSBORO MILE HILLSBORO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pi ions of registered agent.	urpose of changing its re	egistered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and life if	applicable (NOTE: R	fegistered Agent signatur	required when rainstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Trust Fund Contrib	n Financing	\$5.00 May 8e Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEBRINO, ALBERT 1194 HILLSBORO MILE HILLSBORO BEACH, FL 33082	-	_		UOOOOGE27ac2
TITLE NAME STREET AUDITESS CITY-ST-ZIP					U00000527662 05/05/06-80015-001 150.00
TITLE NAME STREET ADDRESS CHT-ST-ZIP				DO	NOT WRITE

IN THIS SPACE

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 occurate 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 trusted employed as executed is 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

SIGNATURE: .

NAME STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP

STREET ACORESS CITY-ST-ZIP

OFFICER OR DIRECTOR