




**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # F59841			
1. Entity Name DENUNZIO INCENTIVES, INC.			
Principal Place of Business 115 MADEIRA AVENUE CORAL GABLES, FL 33134 US		Mailing Address 115 MADEIRA AVENUE CORAL GABLES, FL 33134 US	
DO NOT WRITE IN THIS SPACE			
		01032007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2149139	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
DENUNZIO, ARTHUR G 115 MADEIRA AVE. CORAL GABLES, FL 33134		DO NOT WRITE 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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE 3/5/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		000000674915 03/29/07-80091-001 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST DENUNZIO, ARTHUR G 115 MADEIRA AVE CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DENUNZIO, ELISSA B 115 MADEIRA AVE CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 3/7/07 305-445-1944	