


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J12285</b>		
1. Entity Name <b>DEANGELO MARINE EXHAUST, INC.</b>		
Principal Place of Business <b>3330 SW 2ND AVENUE FT. LAUDERDALE, FL 33315 US</b>	Mailing Address <b>C/O IVAN A. GOMEZ, P.A. 601 BRICKELL KEY DR., STE. 507 MIAMI, FL 33131 US</b>	



02152008 No Chg-P CR2E034 (11/05)

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4. FEI Number <b>59-2671548</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>IAG CORPORATE SERVICES, INC. 601 BRICKELL KEY DR., STE. 507 MIAMI, FL 33131</b>
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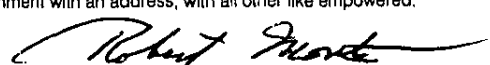
**DO NOT WRITE IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDCM MONTES, ROBERT 3300 SW 2ND AVE FT LAUDERDALE, FL 33315</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT MONTES, JORGE L 3330 SW 2ND AVE FTLAUDERDALE, FL 33315</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MONTES, SUSAN 3330 SW 2ND AVENUE FT LAUDERDALE, FL 33315</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SOTO, MARIANO JR 3330 SW 2ND AVENUE FT LUDERDALE, FL 33315</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ <small>Daytime Phone # <b>(305) 371-9213</b></small>