FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90067 010 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000007394

1. Entity Name
DEPROINCA INTERNATIONAL, INC.

40024317

Principal Place of Business	Mailing Address
2700 GLADES CIRCLE SUIE 111 WESTON, FL 33329	2700 GLADES CIRCLE SUIE 111 WESTON, FL 33329

01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2700 Glades Circle	2700 Glades Circle
Suite, Apt. #, etc. Suite 111	Suite, Apt. #, etc. Suite 111
City & State Weston FL	City & State Weston FL
Zip 33327 Country US	Zip 33327 Country US

4. FEI Number 65-1083292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERREIRA, EDUARDO
2700 GLADES CIRCLE SUITE 111
WESTON, FL 33327

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

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

TITLE	PD	☐ Delete
NAME	FERREIRA, EDUARDO	
STREET ADDRESS	2019 HARBOR VIEN CIRCLE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ____________________ 02-21-07 (786) 273-8782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #