


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90257 029 ***158.75

DOCUMENT # P01000007394

1. Entity Name
DEPROINCA INTERNATIONAL, INC.



Principal Place of Business
**2700 GLADES CIRCLE
 SUITE 111
 WESTON, FL 33329**

Mailing Address
**318 INDIAN TRACE, #307
 WESTON, FL 33326**

40037446



2. Principal Place of Business - No P.O. Box #
2019 Harbor View Circle

3. Mailing Address
 Suite/Apt. #, etc.

City & State
Weston, FL

City & State

4. FEI Number
65-1083292

Applied For
 Not Applicable

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

584242008 Chg-P CR2E034 (12/06)

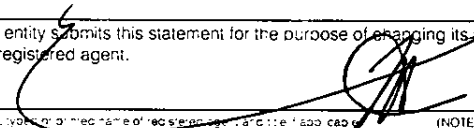
6. Name and Address of Current Registered Agent

**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  DATE **04-24-2008**

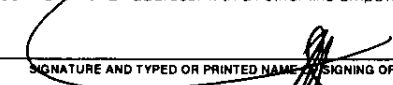
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERREIRA, EDUARDO 2019 HARBOR VIEN CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **04-24-08** (786) 273-8782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #