

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027615

FILED
Feb 28, 2005
Secretary of State

Entity Name: DENVER PERFORMANCE TOOLS, INC.

Current Principal Place of Business:

4995 N.W. 72ND AVENUE, SUITE #407
MIAMI, FL 33166

New Principal Place of Business:

8484 NW 72 STREET
MIAMI, FL 33166

Current Mailing Address:

4995 N.W. 72ND AVENUE, SUITE #407
MIAMI, FL 33166

New Mailing Address:

8484 NW 72 STREET
MIAMI, FL 33166

FEI Number: 04-3634088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UGARTE, ANDRES M
4995 NW 72 AVENUE, SUITE 407
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

UGARTE, ANDRES M
8484 NW 72 STREET
MIAMI, FL 33166 US

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.

SIGNATURE: ANDRES M. UGARTE

02/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: UGARTE CAPURRO, ANDRES M
Address: 4995 N.W. 72ND AVENUE, SUITE #407
City-St-Zip: MIAMI, FL 33166

Title: VP () Delete
Name: UGARTE CAPURRO, ANNA MARIA
Address: 4995 N.W. 72ND AVENUE, SUITE #407
City-St-Zip: MIAMI, FL 33166

Title: T () Delete
Name: ESKENAZI, SHERALY H
Address: 4995 N.W. 72ND AVENUE, SUITE #407
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: UGARTE CAPURRO, ANDRES M
Address: 8484 NW 72 STREET
City-St-Zip: MIAMI, FL 33166

Title: VP (X) Change () Addition
Name: UGARTE CAPURRO, ANNA MARIA
Address: 8484 NW 72 STREET
City-St-Zip: MIAMI, FL 33166

Title: T (X) Change () Addition
Name: ESKENAZI, SHERALY H
Address: 8484 NW 72 STREET
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRES M. UGARTE

PSD

02/28/2005

Electronic Signature of Signing Officer or Director

Date