2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027615

Name:

Address: City-St-Zip: ESKENAZI, SHERALY H

MIAMI, FL 33172

10913 NW 30 ST SUITE # 103

Entity Name: DENVER PERFORMANCE TOOLS, INC

FILED Apr 09, 2007 Secretary of State

•					
Current P	rincipal Plac	e of Business:	New Principal Place o	New Principal Place of Business:	
10913 NW SUITE # 1 MIAMI, FL	03				
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
10913 NW SUITE # 1º MIAMI, FL	03				
FEI Number	: 04-3634088	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
10913 NW SUITE# 10 MIAMI, FL The above in the State	03 33172 US named entity e of Florida.	submits this statement for the	e purpose of changing its registered	l office or registered agent, or both,	
SIGNATUI		nic Signature of Registered A	nent	 Date	
Election Car		ng Trust Fund Contribution ().	gont	Bato	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	UGARTE CAP) Delete URRO, ANDRES M ST SUITE # 103 172	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	UGARTE CAP) Delete URRO, ANNA MARIA ST SUITE #103 172	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	Т () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: UGARTE CAPURRO, ANDRES M PSD 04/09/2007