


FILED
Apr 27, 2007 8:00 am
Secretary of State

40086183

DOCUMENT # P02000124030				04-27-2007 90201 036 ***150.00	
1. Entity Name DENSTRIA, INC.					
Principal Place of Business 800 W. CYPRESS CREEK RD SUITE 470 FORT LAUDERDALE, FL 33309		Mailing Address 800 W. CYPRESS CREEK RD SUITE 470 FORT LAUDERDALE, FL 33309			
2. Principal Place of Business - No P.O. Box # 800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. SUITE 465 City & State FORT LAUDERDALE, FL Zip 33309		3. Mailing Address 800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. SUITE 465 City & State FORT LAUDERDALE, FL Zip 33309		4. FEI Number 54-2085896	
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEGAL, LARRY 800 W CYPRESS CREEK RD STE 470 FORT LAUDERDALE, FL 33309		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 _____ (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. <input type="checkbox"/> \$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 GAUGL, HANNAH 37 SPANISH RIVER DR OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD GAUGL, PETER 37 SPANISH RIVER DR OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: Peter Gaugl PETER GAUGL DIR 4-25-7 954 4938900					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					