

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051306

Entity Name: DEANE SOLUTIONS INC.

FILED  
Mar 16, 2009  
Secretary of State

## Current Principal Place of Business:

8004 NW 154TH ST, STE 388  
MIAMI LAKES, FL 33016

## New Principal Place of Business:

2090 N.W. 99TH AVENUE  
PEMBROKE PINES, FL 33024

## Current Mailing Address:

8004 NW 154TH ST, STE 388  
MIAMI LAKES, FL 33016

## New Mailing Address:

2090 N.W. 99TH AVENUE  
PEMBROKE PINES, FL 33024

FEI Number: 43-2014603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAMEZ, MARIA  
2090 NW 99TH AVE  
PEMBROKE PINES, FL 33024 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DEANE, CLAUDIO  
Address: 8004 NW 154TH ST, STE 388  
City-St-Zip: MIAMI LAKES, FL 33016

Title: D ( ) Delete  
Name: GAMEZ, MARIA  
Address: 8004 NW 154TH ST, STE 388  
City-St-Zip: MIAMI LAKES, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DEANE, CLAUDIO  
Address: 2090 N.W. 99TH AVENUE  
City-St-Zip: PEMBOKE PINES, FL 33024

Title: D (X) Change ( ) Addition  
Name: GAMEZ, MARIA  
Address: 2090 N.W. 99TH AVENUE  
City-St-Zip: PEMBOKE PINES, FL 33024

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

SIGNATURE: CLAUDIO DEANE

PD

03/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date