

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90024 031 ***150.00

DOCUMENT # P05000012235 1. Entity Name DEPENDABLE MANAGEMENT SERVICES, INC.					
Principal Place of Business 8518 SW 8TH STREET, SUITE MIAMI, FL 33144			Mailing Address 8518 SW 8TH STREET, SUITE MIAMI, FL 33144		
2. Principal Place of Business 8518 SW 8TH ST Suite, Apt. #, etc. SUITE 170 City & State MIAMI, FL Zip 33144		3. Mailing Address 8518 SW 8TH ST Suite, Apt. #, etc. SUITE 170 City & State MIAMI, FL Zip 33144			
Country USA		Country USA		07102006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-5170793				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 POLLEDO, ELISEO L 8518 SW 8TH STREET, SUITE MIAMI, FL 33144	
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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLEDO, ELISEO L 8518 SW 8TH STREET, SUITE MIAMI, FL 33144	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLEDO, ELISEO L 8518 SW 8TH ST. SUITE 170 MIAMI FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADRIANA HERNANDEZ 8518 SW 8TH ST SUITE 170 MIAMI FL 33144	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADRIANA HERNANDEZ 8518 SW 8TH ST SUITE 170 MIAMI FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ 07/10/06					