

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2008 8:00 am**  
**Secretary of State**

09-05-2008 90001 002 \*\*\*150.00

**DOCUMENT # P05000012235**

1. Entity Name  
**DEPENDABLE MANAGEMENT SERVICES, INC.**



Principal Place of Business

**8518 SW 8TH STREET  
SUITE 170  
MIAMI, FL 33144**

Mailing Address

**8518 SW 8TH STREET  
SUITE 170  
MIAMI, FL 33144**

40113400



2. Principal Place of Business - No P.O. Box #

**8500 SW 8TH ST**

3. Mailing Address

**8500 SW 8TH ST**

Suite, Apt. #, etc.

**SUITE 240**

Suite, Apt. #, etc.

**SUITE 240**

09032008

Chg-P

CR2E034 (12/06)

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number

**20-5170793**

Applied For

☐ Not Applicable

Zip

**33144**

Country

**USA**

Zip

**33144**

Country

**USA**

5. Certificate of Status Desired ☐

**\$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 **Polledo, Eliseo L.**

Street Address (P.O. Box Number is Not Acceptable)

**8500 SW 8TH ST**

**SUITE 240**

City

**Miami**

**FL**

Zip Code

**33144**

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

**9/3/08**

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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

TITLE **PD** ☐ Delete  
NAME **POLLEDO, ELISEO L**  
STREET ADDRESS **8518 SW 8TH ST SUITE 170**  
CITY-ST-ZIP **MIAMI, FL 33144**

TITLE **SD** ☐ Delete  
NAME **HERNANDEZ, ADRIANA**  
STREET ADDRESS **8518 SW 8TH ST SUITE 170**  
CITY-ST-ZIP **MIAMI, FL 33144**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **Polledo, Eliseo L**  
STREET ADDRESS **8500 SW 8TH ST SUITE 240**  
CITY-ST-ZIP **Miami, FL 33144**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Hernandez, Adriana**  
STREET ADDRESS **8500 SW 8TH ST SUITE 240**  
CITY-ST-ZIP **Miami, FL 33144**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/3/08**

Date

Daytime Phone #