

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021376

FILED
Feb 20, 2007
Secretary of State

Entity Name: DEPAULA SERVICES, CORP.

Current Principal Place of Business:

1205 SW ASTURIA AVE
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

1205 SW ASTURIA AVE
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 20-2335413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEPAULA, MAURO F
1205 SW ASTURIA AVE
PORT ST. LUCIE, FL 34953 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: PD () Delete
Name: DEPAULA, MAURO F
Address: 1205 SW ASTURIA AVE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: D () Delete
Name: DEREZENDE, PABLO
Address: 518 NW MARION AVE
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: D () Delete
Name: ROCHA, WESLEY C
Address: 1832 SE BERKSHIRE BLVD
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROCHA, MICHELL C
Address: 1832 SE BERKSHIRE BLVD
City-St-Zip: PORT ST LUCIE, FL 34952

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.

SIGNATURE: MAURO F DEPAULA

PD

02/20/2007

Electronic Signature of Signing Officer or Director

_____ Date