FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90034 026 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000068334

1. Entity Name
DEBRIS OFF CORP.

40010301

Principal Place of Business	Mailing Address
3125 SW 75TH AVE MIAMI, FL 33155	3125 SW 75TH AVE MIAMI, FL 33155
2. Principal Place of Business - No P.O. Box #: 1004 E 7th St	3. Mailing Address: PO Box 640
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lehigh Acres FL	City & State: Lehigh FL
Zip: 33972 Country	Zip: 33970 Country

01162007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-2824878 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INFANTE, REINALDO JR. ~~3125 SW 75TH AVE~~ ~~MIAMI, FL 33155~~ 1004 E 7th St Lehigh Acres FL 33972	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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: ...) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: INFANTE, REINALDO JR STREET ADDRESS: 3125 SW 75TH AVE CITY-ST-ZIP: MIAMI, FL 33155	☐ Delete	TITLE: PD NAME: Infante, Reinaldo JR STREET ADDRESS: 1004 E 7th St CITY-ST-ZIP: Lehigh Acres FL 33972	☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ 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: X Reinaldo Infante 2-5-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #