2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000154067

Title:

Name:

Address:

City-St-Zip:

FILED Apr 16, 2007 Secretary of State

Entity Nai	ne: DEBONA	IR MECHANICAL SERVICES,	INC.				
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
2649 W. 8 HIALEAH,	1ST STREET FL 33016						
Current M	lailing Addres	ss:	New Mail	New Mailing Address:			
2649 W. 8 HIALEAH,	1ST STREET FL 33016						
FEI Number:	: 20-8102808	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Statu	ıs Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
2717 W. C FORT LAU The above	L, JOSEPH E YPRESS CRE JDERDALE, FI named entity se of Florida.	EK ROAD	ourpose of changing	its registered o	ffice or registered	l agent, or both,	
SIGNATUI							
		ic Signature of Registered Ag	ent	Date			
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICER	S AND DIREC	TORS:	ADDITION	NS/CHANGES	TO OFFICERS A	AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title:	ALESHIRE, CH 2649 W. 81ST HIALEAH, FL 3	STREET	Title: Name: Address: City-St-Zip: Title:	ALESHIRE, SUS 2649 W. 81ST HIALEAH, FL 3	STREET		
Name: Address: City-St-Zip:	ALESHIRE, CH 2649 W. 81ST HIALEAH, FL 3	ARLES STREET	Name: Address: City-St-Zip:	ALESHIRE, CH. 2649 W. 81ST: HIALEAH, FL 3	ARLES STREET		
Title: Name: Address: Citv-St-Zip:	S () ALESHIRE, CH 2649 W. 81ST HIALEAH, FL 3	STREET	Title: Name: Address: City-St-Zip:	S (X) ALESHIRE, SU: 2649 W. 81ST: HIALEAH, FL 3	STREET	1	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SUSAN ALESHIRE P 04/16/2007

() Delete

() Change (X) Addition

ALESHIRE, CHARLES

2649 W 81 STREET

HIALEAH, FL 33016