

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000046800

FILED
Feb 24, 2009
Secretary of State

Entity Name: DEND PARTY, CORP.

Current Principal Place of Business:

12527 W. OKEECHOBEE RD.
HIALEAH, FL 33018

New Principal Place of Business:

Current Mailing Address:

12527 W. OKEECHOBEE RD.
HIALEAH, FL 33018

New Mailing Address:

FEI Number: 20-8857876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVOS, DAVID A
19401 NE 15TH ST. NORTH
MIAMI BCH, FL 33179 US

Name and Address of New Registered Agent:

COVOS, ENRIQUE H
21150 NE 38TH AVE APT 2501
AVENTURA, FL 33180 US

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: DAVID A COVOS 02/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COVOS, DAVID A
Address: 19401 NE 15TH CT.
City-St-Zip: N. MIAMI BCH, FL 33179

Title: SD () Delete
Name: COVOS, ENRIQUE H
Address: 21150 NE 38TH AVE., #2501
City-St-Zip: AVENTURA, FL 33180

Title: TD () Delete
Name: COVOS, DAMIAN
Address: 3400 NE 192ND ST., #1505
City-St-Zip: AVENTURA, FL 33180

Title: VPD (X) Delete
Name: LEISERSON, NATALIO J
Address: 3784 NE 209TH TERR.
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NATALIO, LEISERSON J
Address: 3784 NE 209TH TERR.
City-St-Zip: AVENTURA, FL 33180

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

Title: VPD (X) Change () Addition
Name: COVOS, DAMIAN S
Address: 19900 E COUNTRY CLUB DR #1220
City-St-Zip: AVENTURA, FL 33180

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

I hereby certify that the information supplied with this filing does not qualify 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: DAMIAN COVOS VPD 02/24/2009
Electronic Signature of Signing Officer or Director Date