

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125559

Entity Name: DESTAPH, INC.

FILED
Apr 07, 2008
Secretary of State

Current Principal Place of Business:

20283 STATE ROAD 7
SUITE 300
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2604
DAVIDSON, NC 28036

New Mailing Address:

FEI Number: 26-1454845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOMBARDI, BARBARA
20283 STATE ROAD 7
SUITE 300
BOCA RATON, FL 33498 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: P () Delete
Name: LOMBARDI, ROSE
Address: 119 BURNELL PLACE
City-St-Zip: DAVIDSON, NC 28036

Title: VP () Delete
Name: LOMBARDI, N.JOHN
Address: 800 S. OCEAN BLVD, APT # 406
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: T () Delete
Name: LOMBARDI, BARBARA
Address: P.O. BOX 480343
City-St-Zip: DELRAY BEACH, FL 33448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOMBARDI, ROSE
Address: P.O. 2604
City-St-Zip: DAVIDSON, NC 28036

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

Title: T (X) Change () Addition
Name: LOMBARDI, BARBARA
Address: P.O. BOX 2194
City-St-Zip: DAVIDSON, NC 28036

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: BARBARA LOMBARDI

T

04/07/2008

Electronic Signature of Signing Officer or Director

Date