## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000064238

City-St-Zip:

MIRAMAR, FL 33027

FILED Jun 22, 2009 Secretary of State

Entity Name: DEPURAR CORPORATION					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
5138 S.W. MIRAMAR,	137TH AVE FL 33027				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
5138 S.W. MIRAMAR,	137TH AVE FL 33027				
FEI Number:	26-2934039	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PINERO, G 5138 S.W. MIRAMAR,	137TH AVE	US	PINEROS, GILBERTO 5138 S.W. 137TH AVE MIRAMAR, FL 33027	US	
The above in the State	named entity of Florida.	submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: GILBERTO PINEROS				06/22/2009	
	Electro	nic Signature of Registered Agen	ıt	Date	
		93(2)(b), F.S., the corporation did not ng Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( ORTEGON, PA 5138 S.W. 137 MIRAMAR, FL	7TH AVE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DVP ( PINERO, GILB 5138 S.W. 137 MIRAMAR, FL	7TH AVE	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	DS ( ORTEGON, MA		Title: ( Name: Address:	) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: PAOLA ORTEGON OD 06/22/2009