


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90119 008 ***150.00

DOCUMENT # P98000046070


1. Entity Name
DEEPAK PRODUCTS, INC.



Principal Place of Business Mailing Address
5535 NW 74TH AVE. **5535 NW 74TH AVE.**
MIAMI, FL 33166 **MIAMI, FL 33166**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



04062006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0855126 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	
CARLES, RICARDO A 7498 SW 122 STREET MIAMI, FL 33156		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	VT	<input type="checkbox"/> Delete		TITLE	VT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARLES, RICARDO A			NAME	CARLES, RICARDO A.		
STREET ADDRESS	9365 SOUTHWEST 92ND STREET			STREET ADDRESS	7498 S.W. 122 ST.		
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	MIAMI, FL. 33156		
TITLE	PSDM	<input type="checkbox"/> Delete		TITLE	PSDM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARLES, MARIA J			NAME	CARLES, MARIA J		
STREET ADDRESS	9365 SOUTHWEST 92ND STREET			STREET ADDRESS	7498 S.W. 122 ST.		
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	MIAMI, FL. 33156		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  **MARIA JOSE CARLES** 04/06/06 (305) 805-2016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #