

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90082 015 ***158.75

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04112007 Chg-P CR2E034 (12/06)

DOCUMENT # P99000069914					
1. Entity Name DE SOUSA TOUCH, INC.					
Principal Place of Business 7844 ORLEANS STREET MIRAMAR, FL 33023			Mailing Address 7844 ORLEANS STREET MIRAMAR, FL 33023		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0937907	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VILLAMIZAR, NELLY M 7179 PEMBROKE RD HOLLYWOOD, FL 33023			Name DE SOUSA ORLANDO		
			Street Address (P.O. Box Number is Not Acceptable) 7844 ORLEANS STREET		
			City MIRAMAR, FL Zip 33023		
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 <i>Orlando de Sousa</i>			DATE 04/11/2007		
Signature, typed or printed name of registered agent, and title if applicable			(NOTE: Registered Agent signature required when substituting)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DE SOUSA, ORLANDO 7844 ORLEANS STREET MIRAMAR, FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Orlando de Sousa</i>			PRESIDENT 04/11/2007 954-986-1071		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		