



FILED

03 SEP 29 PM 12:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000051037			
1. Entity Name 1017 DECOPLAGE, INC.			
Principal Place of Business 100 LINCOLN ROAD, UNIT 1017 MIAMI BEACH, FL 33139		Mailing Address 940 LINCOLN RD 201 MIAMI BEACH, FL 33139	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPILL, JOY B 9100 S. DADELAND BLVD. SUITE 504 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 _____ (NOTE: Registered Agent's signature required when replacing)			
		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 D <input type="checkbox"/> Delete NAME GIBBS, LOUISA STREET ADDRESS 15 CATHERINE GROVE, CITY-ST-ZIP GREENWICH, LONDON SE108BS,	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE S <input type="checkbox"/> Delete NAME SPILL, TOBY STREET ADDRESS 940 LINCOLN ROAD STE 201 CITY-ST-ZIP MIAMI, FL 33139	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		9-63-03 DATE	

100023579511
10/05/03--01016--028 **\$50.00



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1117300** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

10002357951
10/06/03--01016--029 **\$50.00

CR250344D/02

9/170