


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90044 035 ***150.00

DOCUMENT# P01000098300
 1. EntityName
 DEKOVENENTERPRISESINC.



PrincipalPlaceofBusiness MailingAddress
 1925 BRICKELL AVENUE SUITE D206 1925 BRICKELL AVENUE SUITE D206
 MIAMI, FL 33129 MIAMI, FL 33129

44021866



02162004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1144535	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MiAMICORPORATEREGISTRY
 1925BRICKELLAVENUESUITED206
 MIAMI,FL33129

DO NOT WRITE IN THIS SPACE

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 re-instating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust/Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LIZANA, ARNALDO 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129
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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 key empowered.

SIGNATURE:  **3/29/04** **305-854-6363**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#