


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90036 020 ***150.00

DOCUMENT # P03000136042
 1. Entity Name
S.P. SOLOMONS DECORATIVE ART CO. INC.



Principal Place of Business Mailing Address
1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442
P.O. BOX 1651 DEERFIELD BEACH FL 33443-1651



2. Principal Place of Business 3. Mailing Address
101 SE 7 ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 20

MOORE CR2E034 (11/03)

City & State City & State
DEERFIELD BEACH, FLORIDA
 Zip Country Zip Country
33441 USA

4. FEI Number Applied For
581945637 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SOLOMONS, GARY
2800 S. OCEAN BLVD.
STE 4B
BOCA RATON FL 33432

7. Name and Address of New Registered Agent
 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 *Gary Solomons* **PRESIDENT** DATE **2-18-2004**
Signature, type 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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	SOLOMONS, GARY
STREET ADDRESS	2800 S. OCEAN BLVD. STE 4B
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	STD <input type="checkbox"/> Delete
NAME	SOLOMONS, RHODA
STREET ADDRESS	2800 S. OCEAN BLVD. STE 4B
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Gary Solomons* **GARY SOLOMONS-PRES** DATE **2-18-04** (561) 395-3621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #