


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business Mailing Address  
 101 SE 7 ST P.O. BOX 1651  
 SUITE 20 DEERFIELD BEACH FL 33443-1651  
 DEERFIELD BEACH FL 33441



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt #, etc. Suite, Apt #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **58-1945637** Applied For  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete SOLOMONS, GARY 2800 S. OCEAN BLVD. STE 4B BOCA RATON FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete SOLOMONS, RHODA 2800 S. OCEAN BLVD. STE 4B BOCA RATON FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1100000228022 02/14/05-80023-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 - PRES. 2-2-05 (561) 395-3621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davimo Phone #