

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90097 035 \*\*\*150.00

**DOCUMENT # P99000092954**

1. Entity Name  
**ART DECO MANAGEMENT, INC.**



Principal Place of Business  
**1760 BAY DRIVE**  
**MIAMI BEACH, FL 33141**

Mailing Address  
**1760 BAY DRIVE**  
**MIAMI BEACH, FL 33141**



02092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0984103**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ESTRADA, JOSEPH A**  
**1760 BAY DRIVE**  
**MIAMI BEACH, FL 33141**

**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 signature required when reconstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ESTRADA, JOSEPH A
STREET ADDRESS	1760 BAY DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D
NAME	<del>AGUIAR, RENE F</del> <b>RESIGNED</b>
STREET ADDRESS	<del>4700 BAY DRIVE</del> <b>3/17/06</b>
CITY-ST-ZIP	<del>MIAMI BEACH, FL 33141</del>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joseph A. Estrada*

*Director* / **3/19/06** (305) 995-2044

Date

Daytime Phone #