2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 324183

FILED Mar 16, 2007 08:00 A Secretary of State

1. Enlity Name DECOR - SAUMA CORP.				Secretary of State			
Principal Place of Business	Mailing Address	,					
3201 SW 130TH AVENUE Miami, Fl 33175 US	3201 SW 130TH AVENUE MIAMI, FL 33175 US						
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	iai Tillo oba	^=	02172007	No Chg-P	CR2E	034 (11/05)	
DO NOT WRITE IN THIS SPA		CE	4. FEI Number 59-1317	667		Applied For Not Applicable	
			5. Certificate of	Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Re	gistered Agent	I					
SAUMA, JORGE 3201 SW 130TH AVENUE			DO NOT WRITE				
MIAMI, FL 33175		IN THIS SPACE					
				•			
 The above named entity submits this statement for it the obligations of registered agent. 	ne purpose of changing its register	red office or reg	distered agent, or both	, in the State of Flo	rida. 1 am	familiar with, and accept	
SIGNATURE	Vita 7 and Table ANTE Backer	and Amend electronic	oquired when reinstaling)		DATE		
акулация, туред от рязнео палне от геражено адела апо	the nabbuttons (some nabous)	AD NOTICE STREET	odorec was residually				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees				
10. OFFICERS AND DI	RECTORS						
THE T	•						

STREET ADDRESS **3201 SW 130TH AVENUE** CITY-ST-ZIP MIAMI, FL 33175 TITLE SAUMA, JORGE MARKE 3201 SW 130TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 TITLE MASSE STREET ADDRESS CITY-ST-ZIP MALAE STREET ADDRESS CITY-ST-ZIP TITLE

000000668310 03/27/07-80025-008 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 ell other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TIPED ON THINTED NAME OF STANING OFFICIAN OR DIRECT

3/13/07 305-554-467