2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCU 1. Entity Nam DECA IN	ne	# 371082 , INC.						Feb 17, 2004 Secretary	08:00	
Criminal Plans of Dunings							-	•		
Principal Place of Business 501 S. W. 158 TERRACE #203				Mailing Address			İ			•
PEMBROKE PINES FL 33027				501 S. W. 158 TERRACE #203 PEMBRÖKE PINES FL 33027				4.		= -=
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2. Principal Place of Business				3. Mailing Address						
									JI BIBLE BIBLI BIBIJ BIJ	
Suite, Apt. #. etc				Suite, Apt. #, etc				MOORE CR2E03	34 (11/03)	
City & State				City & State			4.	FEI Number	A	pplied For
							59-1410860	No	ot Applicable	
Zip	Zip Country		Z _i p Cour		ntry	5. Certificate of Status Desired				
6. Name and Address of Current F				Registered Agent			7. Name and Address of New Registered Agent			
PALAMARA, CHARLES T. 501 SW 158 TERRACE #203 PEMBROKE PINES FL 33027						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 Signature typed or printed name of registered agent and title 4 applicable (NOTE Registered Agent signature registered whon rotinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00								9. Election Campaign Financing	\$5.0	00 May Be
Make Check Payable to Florida Department of State								Trust Fund Contribution.	☐ Added	d to Fees
10. OFFICERS AND I				PRS		ΑĒ	DDITIONS/CHANGES TO OFFICERS AT	VD DIRECTOR	S IN 11	
TITLE NAME	P CASE, ROBERT			☐ Delete					Change Change	Addition
STREET ADDRESS 2813 LUTHER CATLETT CIRCLE			NAN STRI			ET ADDRESS	U00000055073			
CITY-ST-ZIP				. CIT		- ST- ZIP	U00000055073 02/17/04- 8 0022-015 150.00			
TITLE	VP			☐ Delete		Ε	☐ Change		Addition	
NAME STREET ADDRESS	GARFIELD, NEIL ORESS 6087 OVERLAND PL				E ADDRESS					
CITY-ST-ZIP					ET ADORESS -ST-ZIP					
TITLE	TITLE ST			☐ Delete	TOTAL				☐ Change	☐ Addition
NAME	PALAMARA, CHARLES T.				E					
STREET ADDRESS CITY-ST-ZIP	100.000 100.000				ET ADDRESS -ST-ZIP					
TITLE	FEMILIAONE	FINES FE 3302/		☐ Delete	TITL				☐ Change	☐ Addition
NAME				L Deser	NAM				L orange	Addition
STREET ADDRESS					STRE	ET ADDRESS				
CITY-ST-ZIP					CITY	-ST-ZIP				
TITLE NAME				☐ Delete	TITL: NAM	·			Change	Addition
STREET ADDRESS						ET ADDRESS				
CITY-ST-ZIP					CITY	-ST-ZiP				
TITLE				☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS					NAM STRE	E ET ADDRESS				
CITY-ST-ZIP						-ST-ZIP				
12. I hereby	certify that the	information supplied with	this filing	does not qualify fo	r the exe	mption stated in Se	ection	119.07(3)(i), Florida Statutes. I further o	ertify that the i	nformation
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.										

CH CD

SIGNATURE: Charles I. Galemana CHARLES T. PALAMARA 2/14/64 154-699-5445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DERECTOR