

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90147 013 ***150.00

DOCUMENT # 640720

1. Entity Name

DECORATOR CENTER, INC.



Principal Place of Business

14032 S.W. 48 ST.
MIAMI FL 33175

Mailing Address

14032 S.W. 48 ST.
MIAMI FL 33175

2. Principal Place of Business - No P.O. Box #

14032 S.W. 48 ST.

Suite, Apt. #, etc.

3. Mailing Address

SALE

Suite, Apt. #, etc.

City & State

MIAMI FLA.

City & State

MIAMI FLA.

Zip

33175

Country

U.S.A.

Zip

33175

Country

U.S.A.

4. FEI Number 59-2017051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AQUART, ELSA I.
14032 S.W. 48TH STREET
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

N/A

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 N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME AQUART, PETER REGINALD
STREET ADDRESS 14032 SW 48TH ST
CITY- ST- ZIP MIAMI FL

TITLE VTD ☐ Delete
NAME AQUART, ELSA IRIS
STREET ADDRESS 14032 SW 48TH ST
CITY- ST- ZIP MIAMI FL

TITLE D ☐ Delete
NAME AQUART, PETER WAYNE
STREET ADDRESS 14032 SW 48TH ST
CITY- ST- ZIP MIAMI FL

TITLE D ☐ Delete
NAME AQUART, ANDREW R.
STREET ADDRESS 14032 SW 48TH ST
CITY- ST- ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ELSA AQUART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07

Date

305 551-0586

Daytime Phone #